

Name
in
Full

Barnett No 238

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wmsport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>2</i>	Years	Months
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Wmsport</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Benjamin Barnett</i>			Father's Birthplace <i>Warrenton Va</i>		
Mother's Maiden Name <i>Adelaide Blake</i>			Mother's Birthplace <i>Wmsport Va</i>		
Name of person giving information <i>Benj Barnett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Coase</i>
	Address
Accident or Suicide?	

J F Knapp

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benjamin Lee Barnett</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1905	Month	2	Day	1	Age	42
						Years	4
						Months	29
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>
Occupation	<i>Retired broker</i>			Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife	<i>Mrs Carrie Barnett</i>			
Father's Name	<i>Washington Barnett</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Mary J. Brown</i>				Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>W. P. Barnett</i>				How related to deceased	<i>brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 years (?)</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Victor D. Miller, Jr.</i>
	<i>-</i>	Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	<i>No</i>		

Back

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hagerstown* TownCounty *Washington*

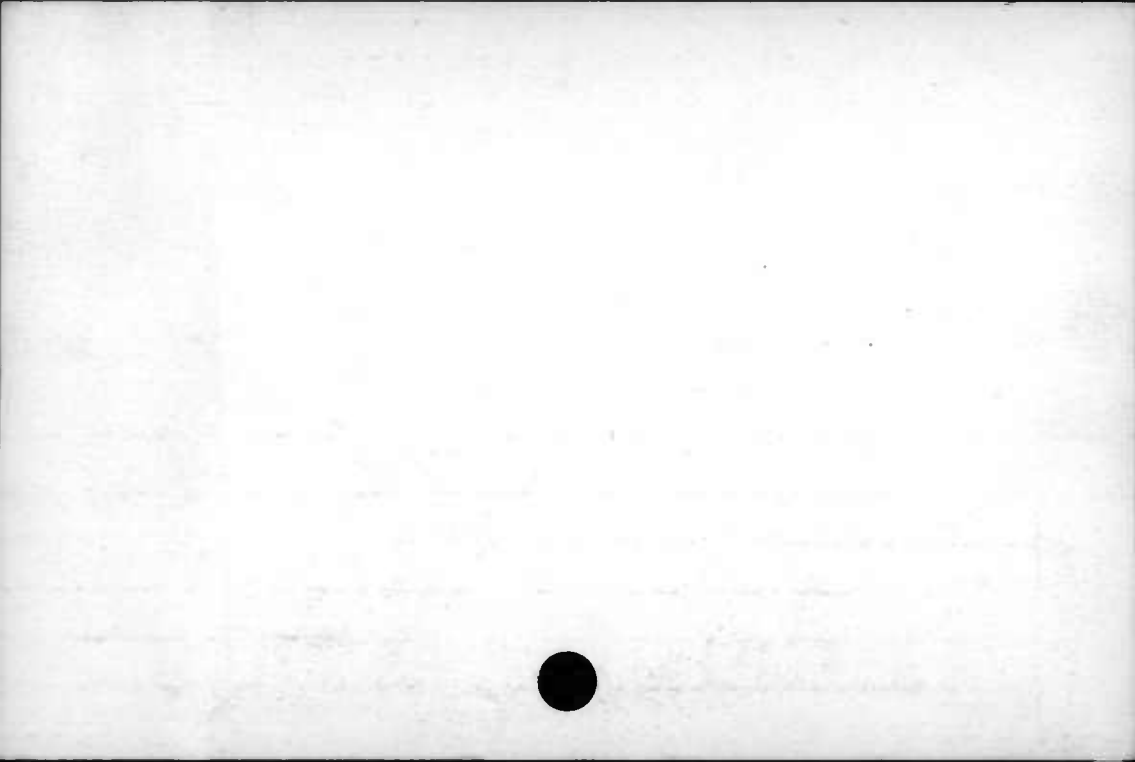
Date

of death *1905*Month *2*Day *9*Age *66*Years *66*Months *—*Days *—*Sex *Male*Color or
Race *White*Birth-
place *Md*Occupation *Merchant*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Anna C Beachly*Father's
Name *Daniel Beachly*Father's
Birthplace *Md*Mother's
Maiden Name *Sant. Snow*Mother's
Birthplace *Sant. Snow*Name of person giving
In formation *Harry Beachly*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Paralysis*How long *66*Immediate *Acute indigestion*How long *Two days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Chas B. Boyle M.D.*Address *Hagerstown Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

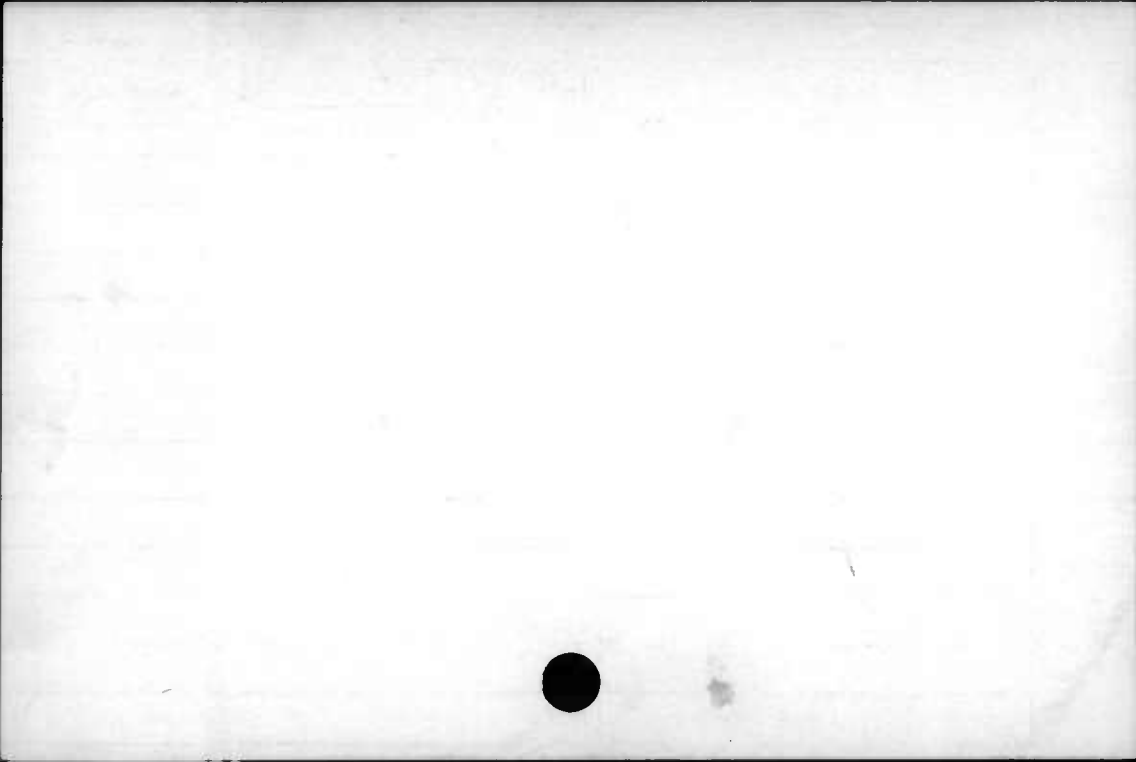
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Brer</i>		Town <i>Town</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Home</i>		Month <i>2</i>		Day <i>22</i>		Years <i>80</i>	
Date of death 190 <i>5</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>Bessie</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Michael Keller</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Coronary</i>	<i>43</i>	How long <i>—</i>
Immediate <i>Heart</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. Edwards</i>
		Address <i>Manassas</i>
Accident or Suicide?		<i>md.</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Penna.

~~MARYLAND~~

Died at

Mrs Doraw Blum
Chambersburg Franklin County

Date

of death 1905

Month

Feb

Day

20

Age

Years

70

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Russia

Occupation

A. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of wife or
Husband

Moses Blum

Father's
Name

Not Known

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Max Jaffe 97

How related
to deceased

none.

CAUSES OF DEATH

Primary

Bronchial Asthma

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

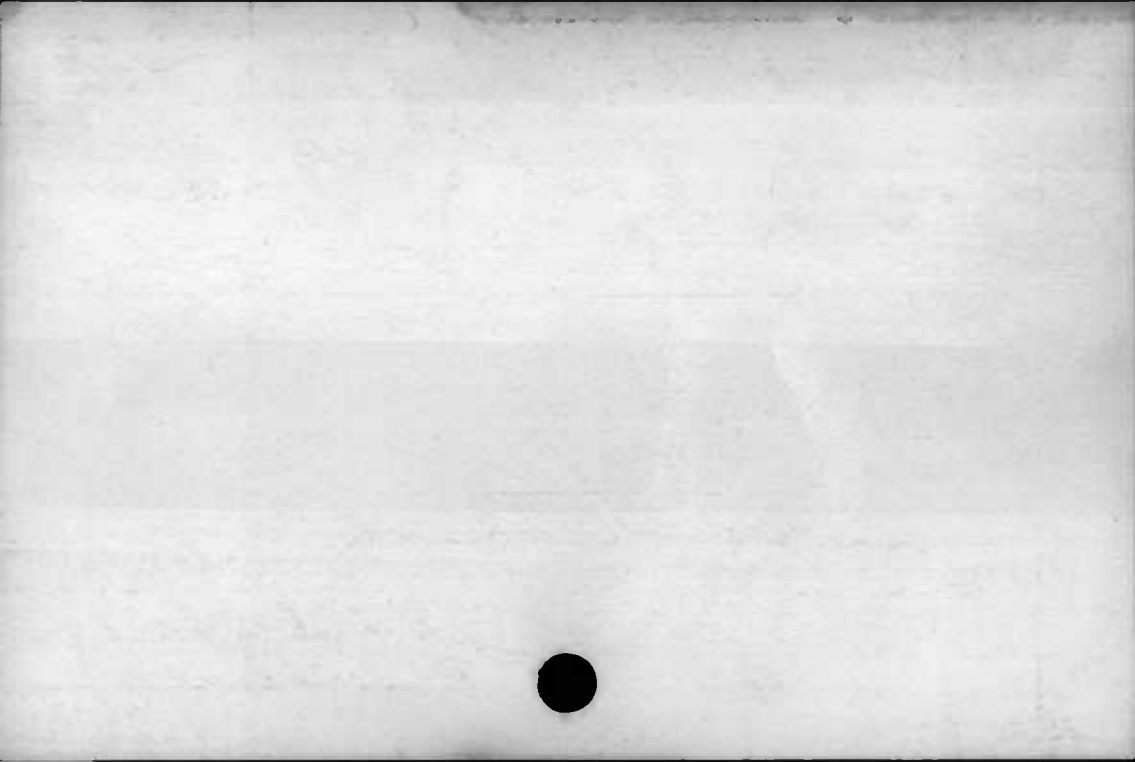
Signature of
Physician

C. M. Scherf

Address

Hagerstown
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

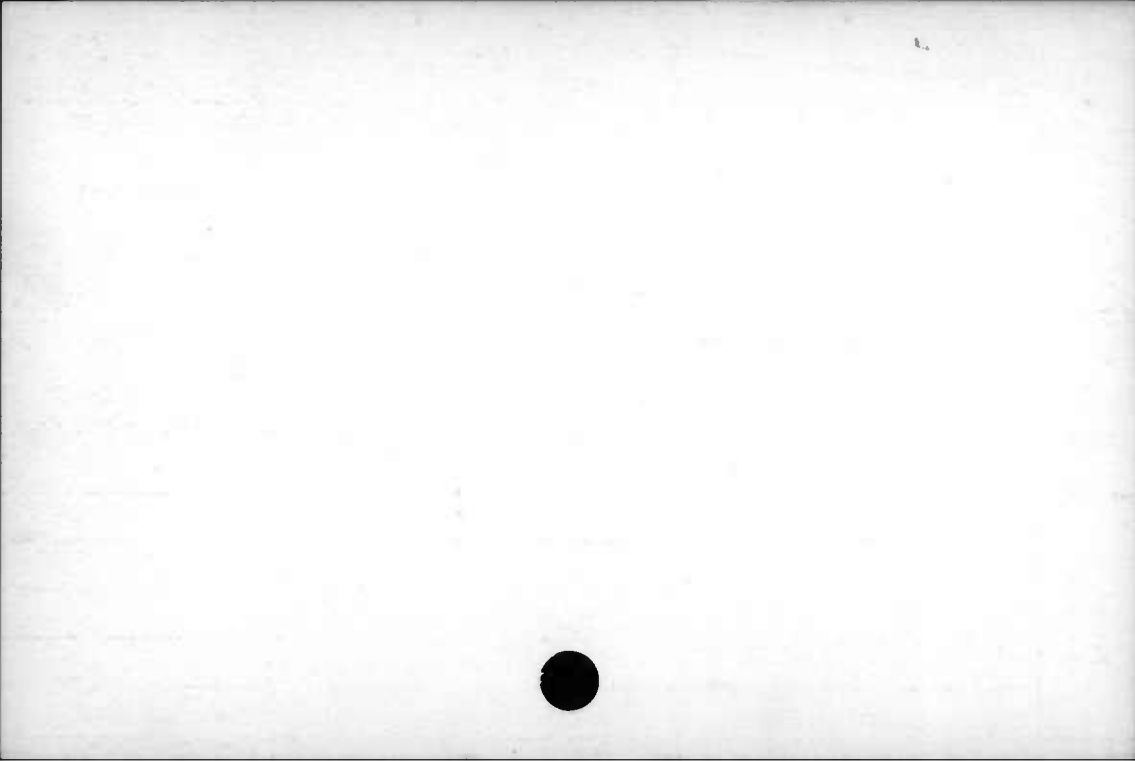
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leitersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND		
Date of death	<i>1905</i>	<i>Feb</i> ^{Month}	<i>12</i> ^{Day}	Age <i>22</i> ^{Years}	<i>3</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>			
Occupation <i>Safor.</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>David. Bowser.</i>	Father's Birthplace <i>Frankstown Md.</i>					
Mother's Maiden Name <i>Annie L. Harr.</i>	Mother's Birthplace <i>Fredric. Co</i>					
Name of person giving information <i>Annie L. Bowser.</i>	How related to deceased <i>Mother.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>11 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>
	Address <i>Leitersburg Md.</i>
Accident or Suicide?	



Name
in
Full

Clyde Brenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		Month 1905	Day 2	Age	Years 31	Months 10	Days 1
Sex Male		Color or Race White		Birth-place Md			
Occupation Machinist				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Dallas M Brenner				Father's Birthplace Pa			
Mother's Maiden Name Nettie A. Riddlemose				Mother's Birthplace Md			
Name of person giving information Dallas Brenner				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	One yr
Immediate	Phthisis Pulmonalis	How long	one yr
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. E. Pitzer	
Address		Hagerstown	
Accident or Suicide?		md	

Smithsby

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Flossie May Bussard

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

Month

Day

Age

Years

Months

Days

of death

1908

2

2

3

2

23

Sex

female

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Benj J Bussard

Father's
Birthplace

Md

Mother's
Maiden Name

Flora Shafer

Mother's
Birthplace

"

Name of person giving
Information

Benj J. Bussard

How related
to deceased

father

CAUSES OF DEATH

Primary

Diphtheria Neo-Pharyngeal

How long

One week

Immediate

Heart Failure

How long

Two hours

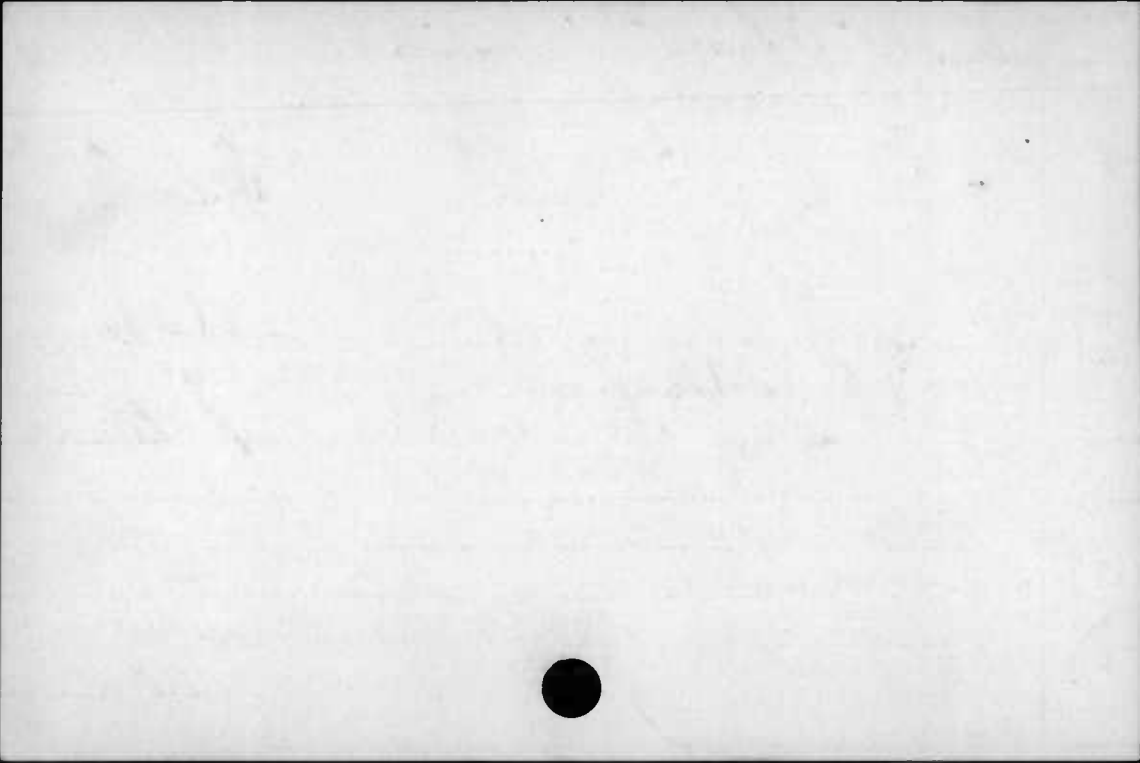
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Daniel C. Carke's

Address

Hagerstown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

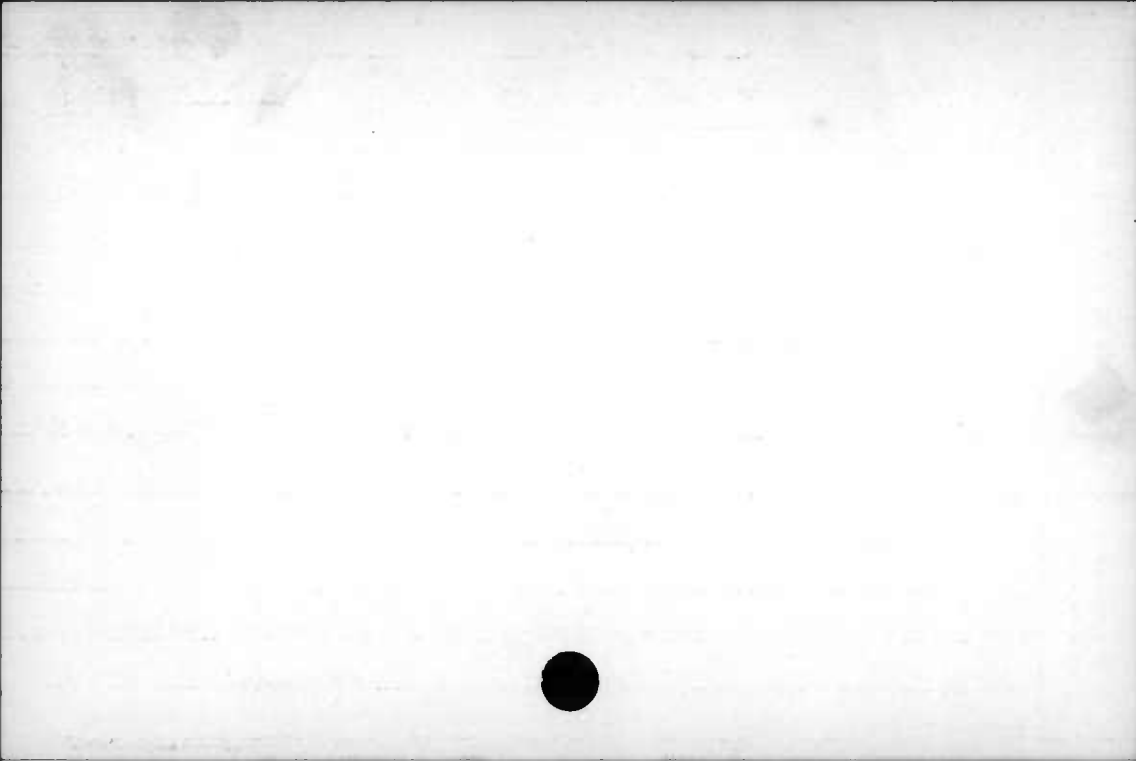
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		State	
Mrs. Emma Stoddard Christie		Hagerstown		wash.		MARYLAND	
Died at		Date of death		Age		Months	
1905 Feb. 13		60		7		Days	
Sex		Color or Race		Birth-place			
female		white		Md.			
Occupation		Where Residing if not at place of death					
H. W.		At place of death					
Married, Single or Widowed		Name of Wife or Husband					
married		A. M. Christie					
Father's Name		Father's Birthplace					
Elijah Stoddard		N. Y.					
Mother's Maiden Name		Mother's Birthplace					
Cath. Moray		N. Y.					
Name of person giving information		How related to deceased					
Mrs Bessie Hager		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
166			
Immediate		How long	
Paralysis			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. P. Stauffer	
		Address	
		Hagerstown	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henry W. Dorsey		Town Hayestown		County Washington		State MARYLAND	
Died at Hayestown		Month 2		Day 27		Years 60	
Date of death 1908		Months —		Days —			
Sex Male		Color or Race Colored		Birthplace Md			
Occupation Restroomer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Thomas Dorsey		Father's Birthplace Md					
Mother's Maiden Name Emily Brown		Mother's Birthplace Md					
Name of person giving information Florence Miller		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	H	How long	
Immediate	Hemorrhage - appearing at mouth: instant	How long	Instant
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Maganau
		Address	Seelys St. Wash. D.C.
Accident or Suicide?	No		

~~Delaware~~
Halfway

Name
in
Full

Florence B. Dancy

CERTIFICATE OF DEATH

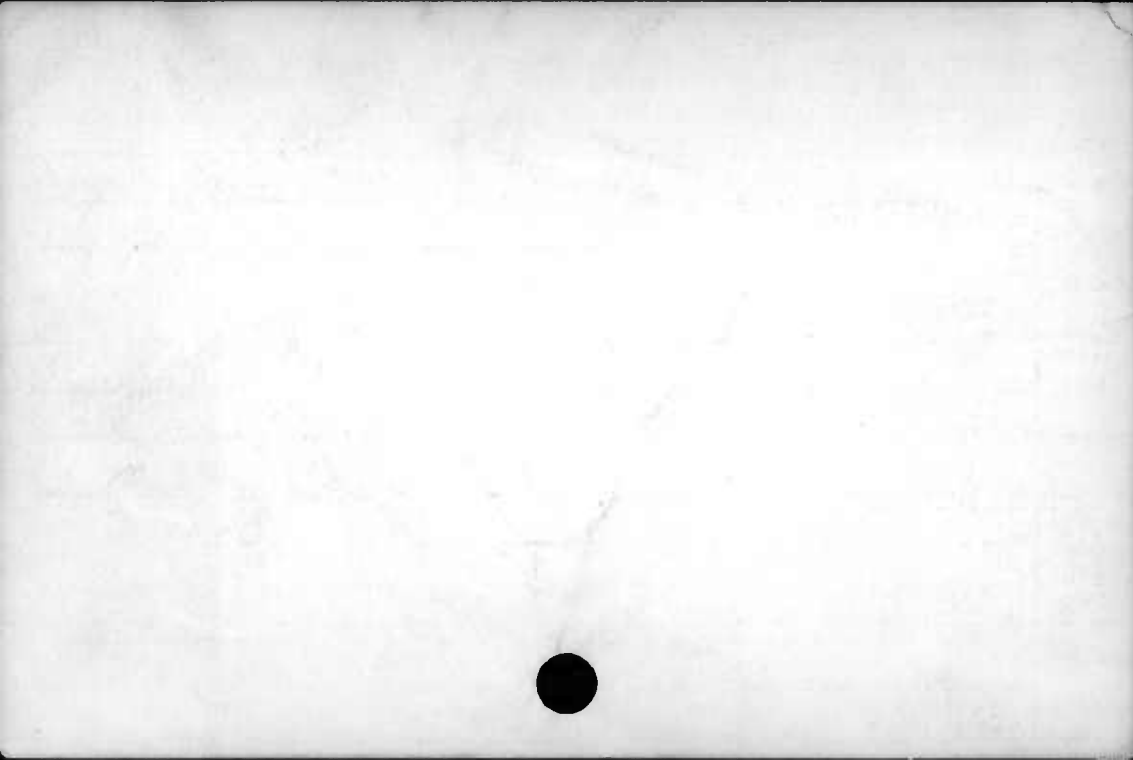
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1905	Month 2	Day 10th	Age 38	Years 11	Months 3
Sex female		Color or Race white		Birth-place Annapolis Pa			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Wm Dancy		Father's Birthplace Pa					
Mother's Maiden Name Monda E. Taylor		Mother's Birthplace Md Pa					
Name of person giving Information Mother		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tricuspid Regurgitation	How long	about 2 yrs
Immediate	Dropsy & Convulsions	How long	about 10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. Umstet MD	
Address		Hagerstown Maryland	
Accident or Suicide?			



Name
in
Full

Margaret Elizabeth Fogel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Chewsville Town Wash County Co

Date of death 1905 Feb 26 Age Years Months 14 Days

Sex Female Color or Race White Birth-place Chewsville

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Chas Franklin Fogel Father's Birthplace Penna.

Mother's Maiden Name Mary Stoner Fogel Mother's Birthplace Penna.

Name of person giving information Chas Franklin Fogel How related to deceased Father

CAUSES OF DEATH

Primary Atelectasis (congenital) How long

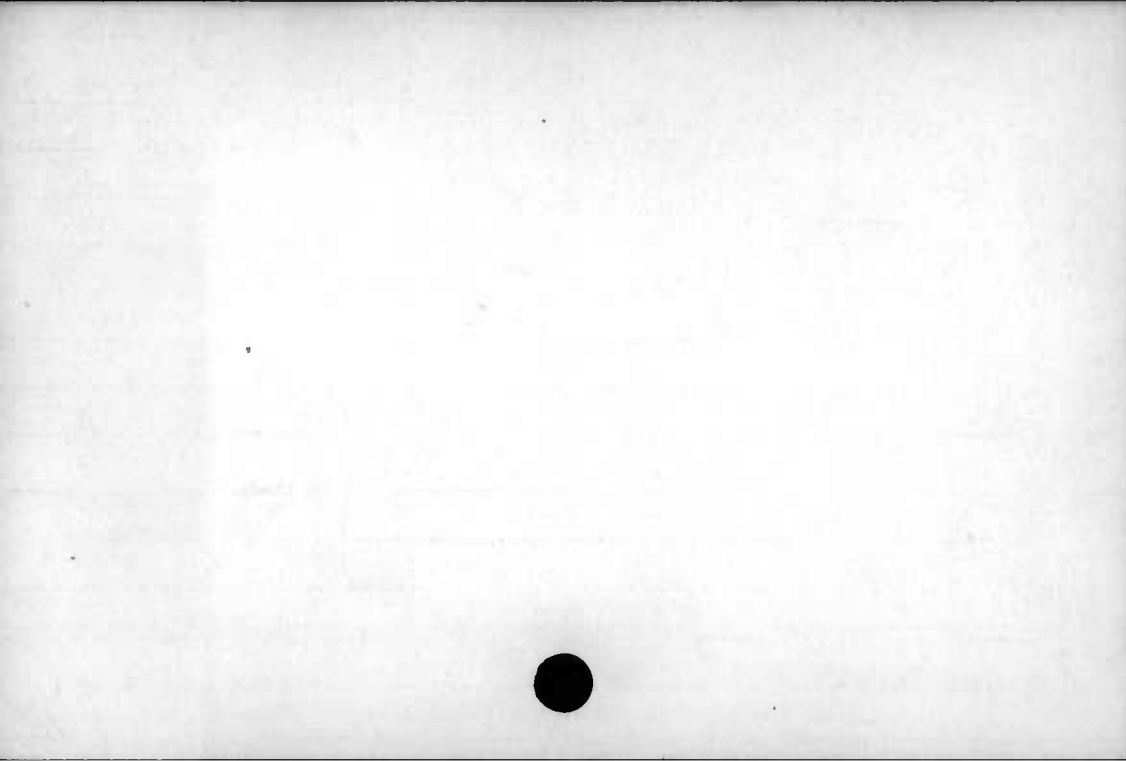
Immediate Convulsion How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm A. Quinn, M.D.

Address Chewsville Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Andrew G French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

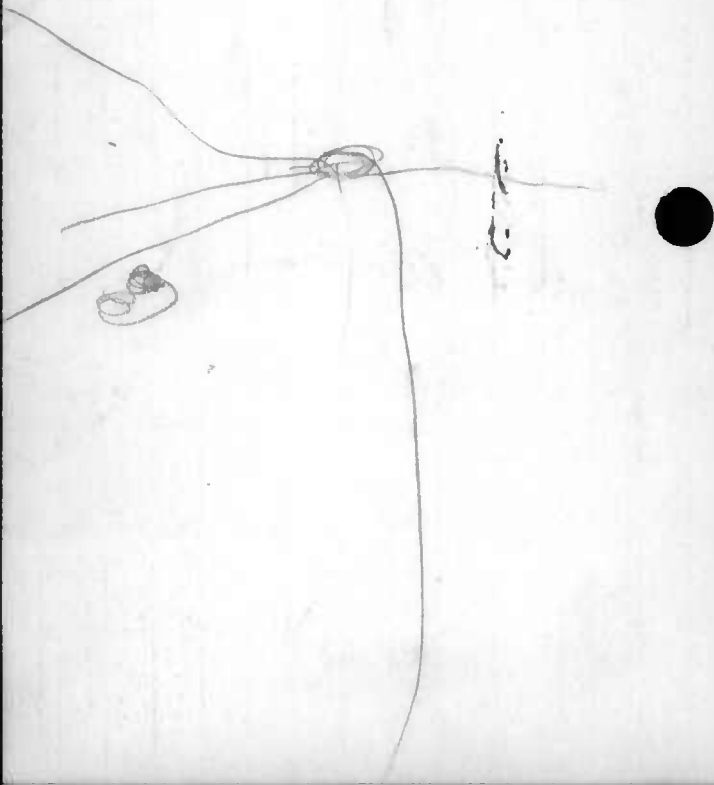
Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>2</i>	^{Day} <i>26</i>	^{Years} <i>78</i>	^{Months} <i>11</i> ^{Days} <i>10</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>Shingle Maker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Anna French Young</i>		
Father's Name	<i>dont know</i>			Father's Birthplace	
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	
Name of person giving information	<i>Anna E. French</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

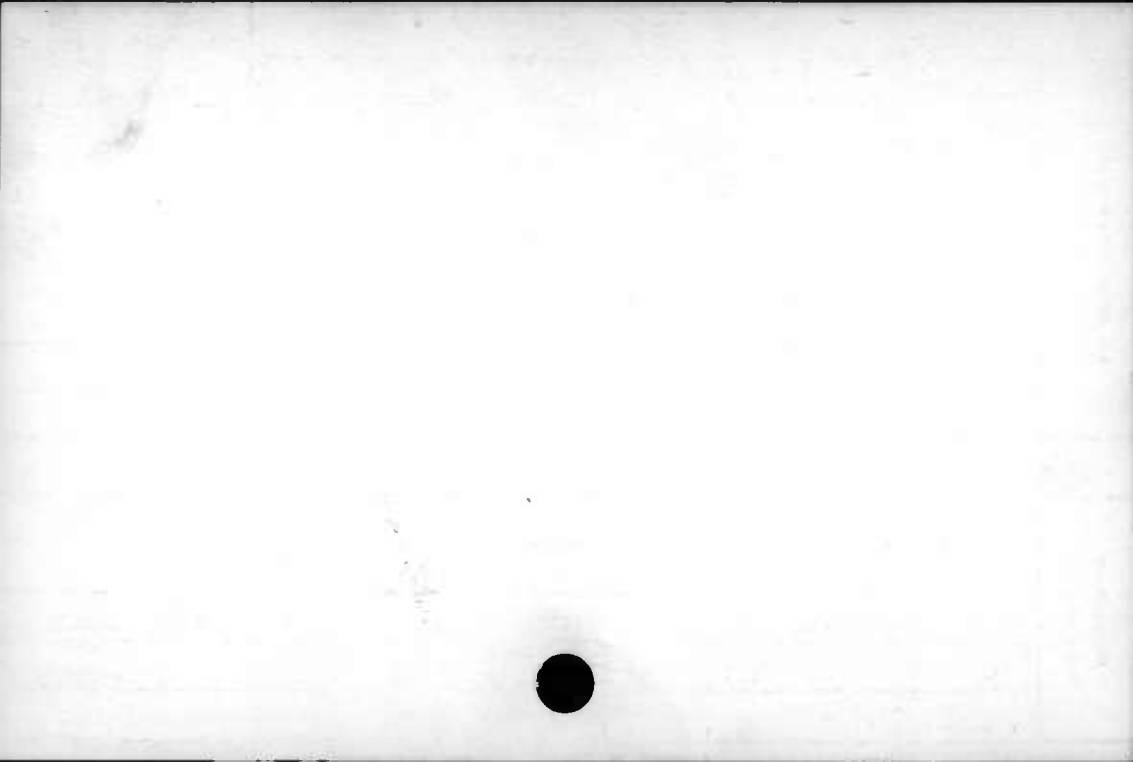
PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Endocarditis</i>	How long	<i>34 years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Victor D. Miller Jr.</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No</i>		

Smithsby



Name in Full		William H. Full				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Hagerstown		^{County} Wash		MARYLAND	
		Date of death ^{Month} 5 ^{Day} Feb ^{Year} 10		Age 33		^{Months} 11 ^{Days}	
		Sex male		Color or Race white		Birth-place Md.	
		Occupation Saloon-keeper		Where Residing if not at place of death			
		Married, Single or Widowed married		Name of Wife Husband Lottie Firdinger Full.			
PHYSICIAN OR CORONER		Father's Name Michael Full		Father's Birthplace Md.			
		Mother's Maiden Name Price		Mother's Birthplace "			
		Name of person giving information Mrs. Lottie Full		How related to deceased wife			
		CAUSES OF DEATH					
		Primary Acute Rheumatism		How long One week			
Immediate Embolism		How long One hour					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Daniel C. Watkins		Address Hagerstown Md.			
Accident or Suicide?							



Name in Full		MARGARET-JANE GRAY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chapshbury		Washington		MARYLAND	
	Date of death	1905	Month	Sex	Age	Months	Days
			16	74	05	8	
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Chapshbury Pa.	
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	Willhude				Father's Birthplace	don't know
Mother's Maiden Name	Eliza D. Willhude				Mother's Birthplace	Ind.	
Name of person giving information	Mordith Gray				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Valvular Heart Disease				How long	years.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	E. M. Gurnett.	
					Address	Chapshbury, Ind.	
	Accident or Suicide?						

Eugene Markes.
Undertaker,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

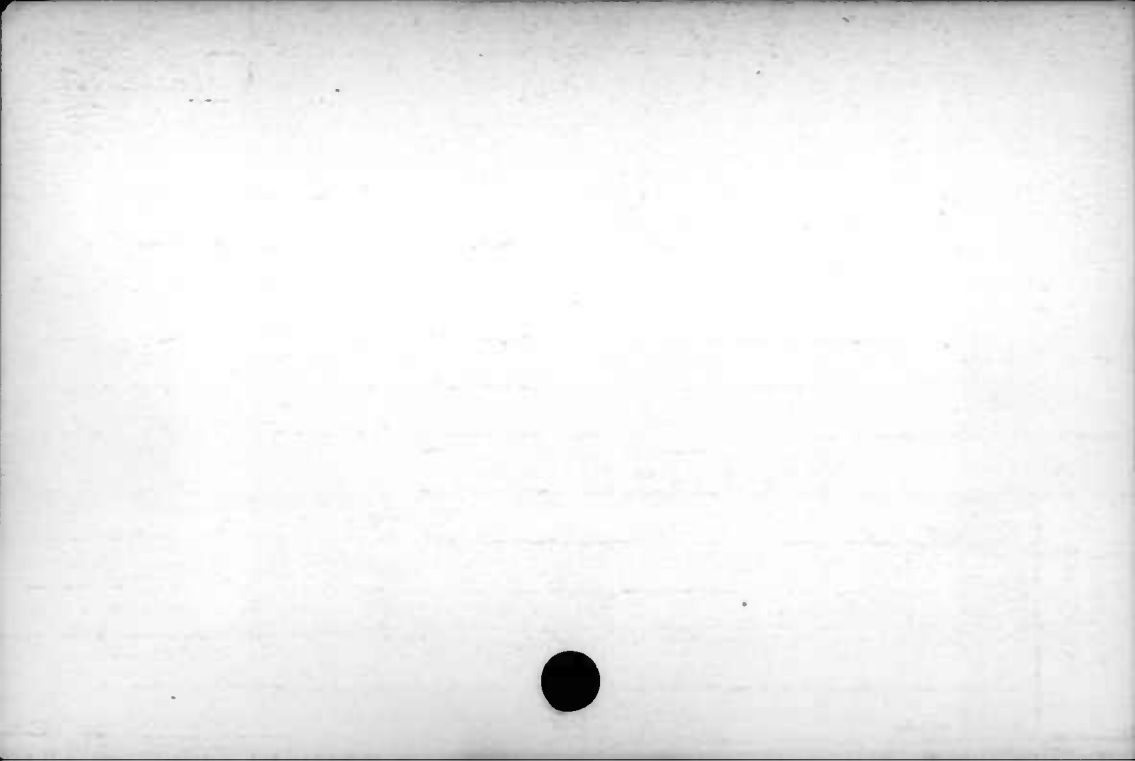
MARYLAND

Died at <i>Washington D.C.</i>		County			
Date of death	1905	Month	2	Day	13
Sex	Male	Color or Race	White	Age	26
Occupation	Painter	Where Residing if not at place of death	Washington D.C.	Birth-place	Smithsburg Md.
Married, Single or Widowed		Name of Wife or Husband	Frank Hamby	Father's Birthplace	North Carolina
Father's Name	James Hamby	Mother's Maiden Name	Mary Robinson	Mother's Birthplace	Smithsburg
Name of person giving information	Lee Hamby	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Falling from Building crushing Head ^{Body}	How long	Immediate
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. B. Hooper Undertaker
		Address	Smithsburg Md.
Accident or [?]			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Joshua Harp
Died at Benavoco Town Wash County

Date of death 1905 Feb 19 Age 79 Months 6 Days

Sex male Color or Race whr Birthplace Maryland

Occupation Minister Where Residing if not at place of death Benavoco

Married, Single or Widowed married Name of Wife or Husband Julia a Cleodora

Father's Name John Harp Father's Birthplace md

Mother's Maiden Name Elizabeth Dow Mother's Birthplace md

Name of person giving information Julia Harp, How related to deceased wife

CAUSES OF DEATH

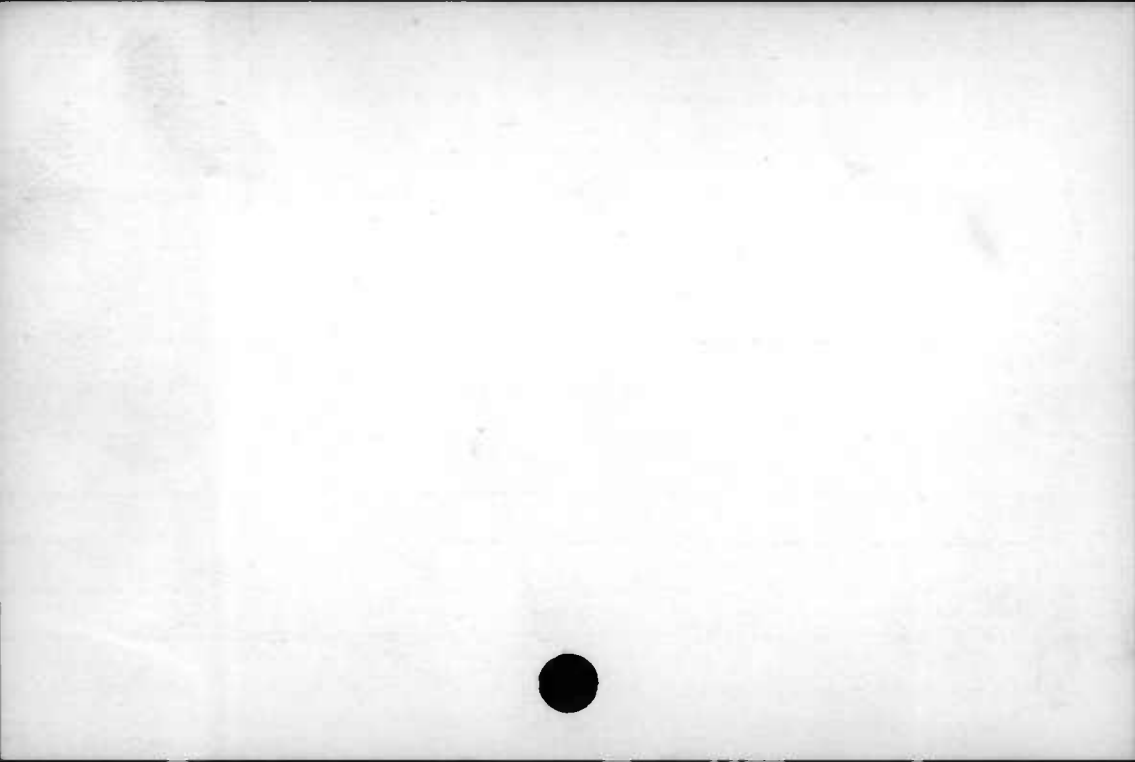
Primary Pneumonia How long 6 days

Immediate Heart Failure 193 How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. G. Lovell

Address Benavoco

Accident or Suicide?



Name
in
Full

William H. Howkins

CERTIFICATE OF DEATH

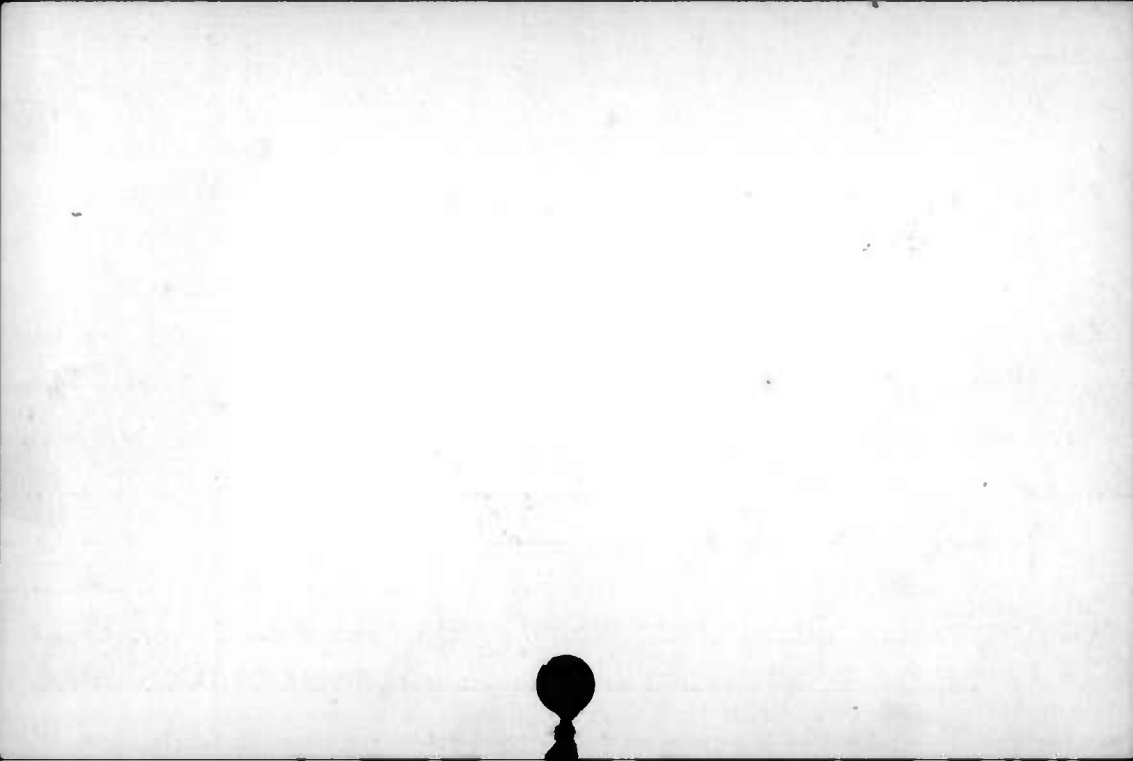
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1905		Feb		7		76	
Sex		Color or Race		Birth-place		Months	
Male		White		Cortown Md		4	
Married, Single or Widowed		Occupation		Days		20	
Name of Wife or Husband		Married		Nursed			
Father's Name		Agnes H. H. H.		Father's Birthplace		Cortown Md	
Mother's Maiden Name		Abraham Howkins		Mother's Birthplace		Cortown Md	
Name of person giving information		Anna Cove		How related to deceased		Daughter	
		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease & Dropsy	How long	3 years
Immediate	Heart Failure	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. Jarboe	
		Address	
		Shirleyburg Md.	
Accident or Suicide?			



Name

in
Full

Charles William Henderson.

CERTIFICATE OF DEATH

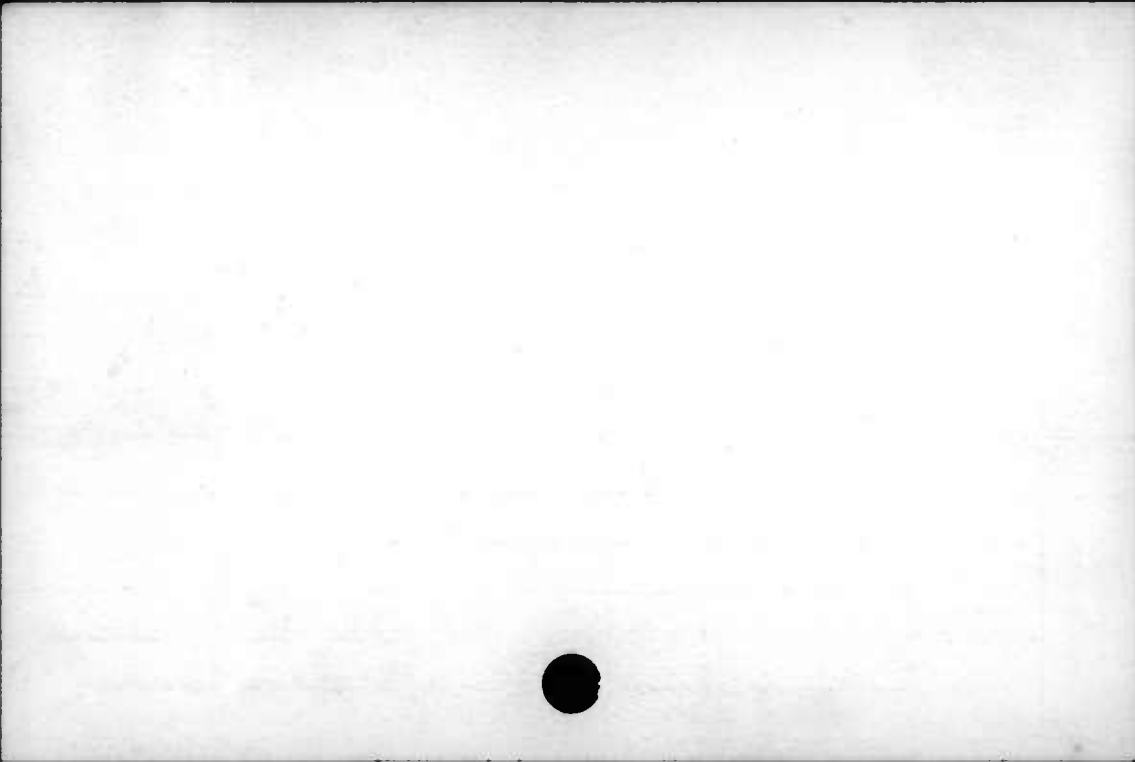
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Feb.</i>	Day	<i>25</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years	<i>80</i>
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Died at home</i>		Months	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Catherine Henderson</i>			
Father's Name <i>John Henderson</i>		Father's Birthplace <i>Berkeley Co Md.</i>			
Mother's Maiden Name <i>Ellen Mary Duncan</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Miss Cora Henderson</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>66</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Howard Higgins</i>	
		Address <i>Hancock, Md.</i>	
Accident or Suicide?			



Name
in
Full

Lucretia Huxett

CERTIFICATE OF DEATH

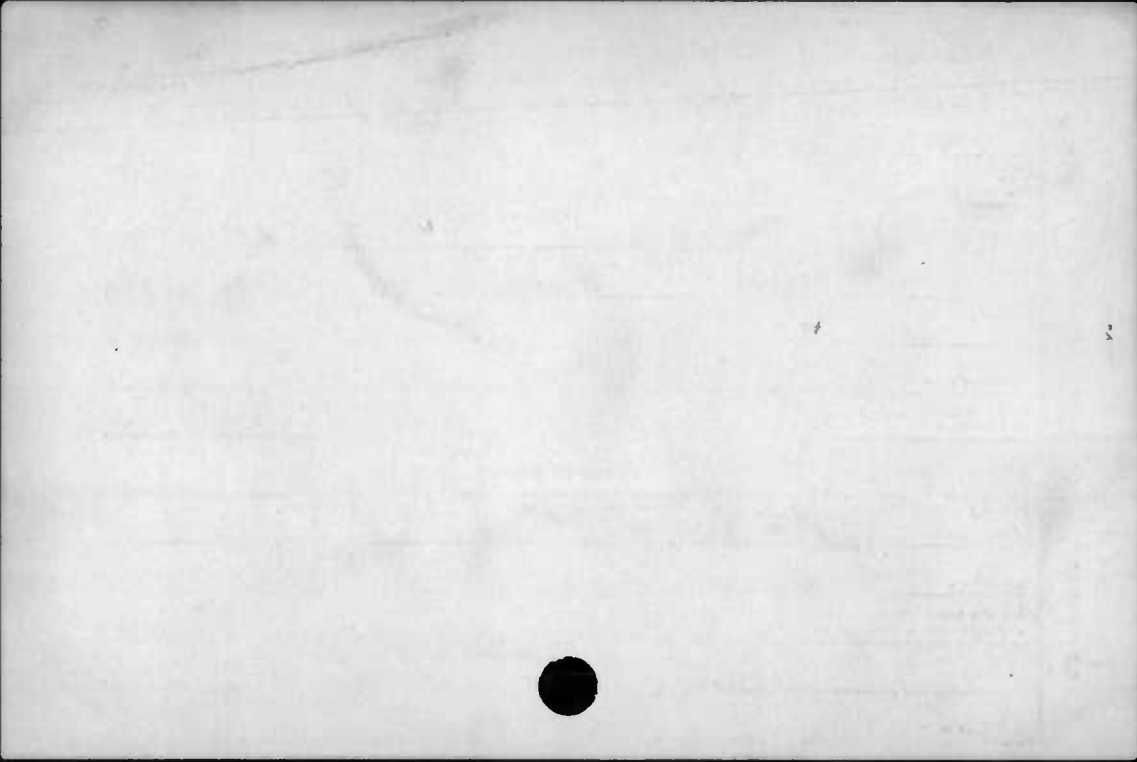
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>26</i>	Years <i>81</i>	Months <i>4</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob S. Huxett</i>				
Father's Name <i>Isaac Hildebrand</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Elizabeth Wolensberger</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs Luther</i>	(79)		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis & defective heart</i>	How long	<i>11 years</i>
Immediate	<i>Stroke, age, heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. O. Fagene</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

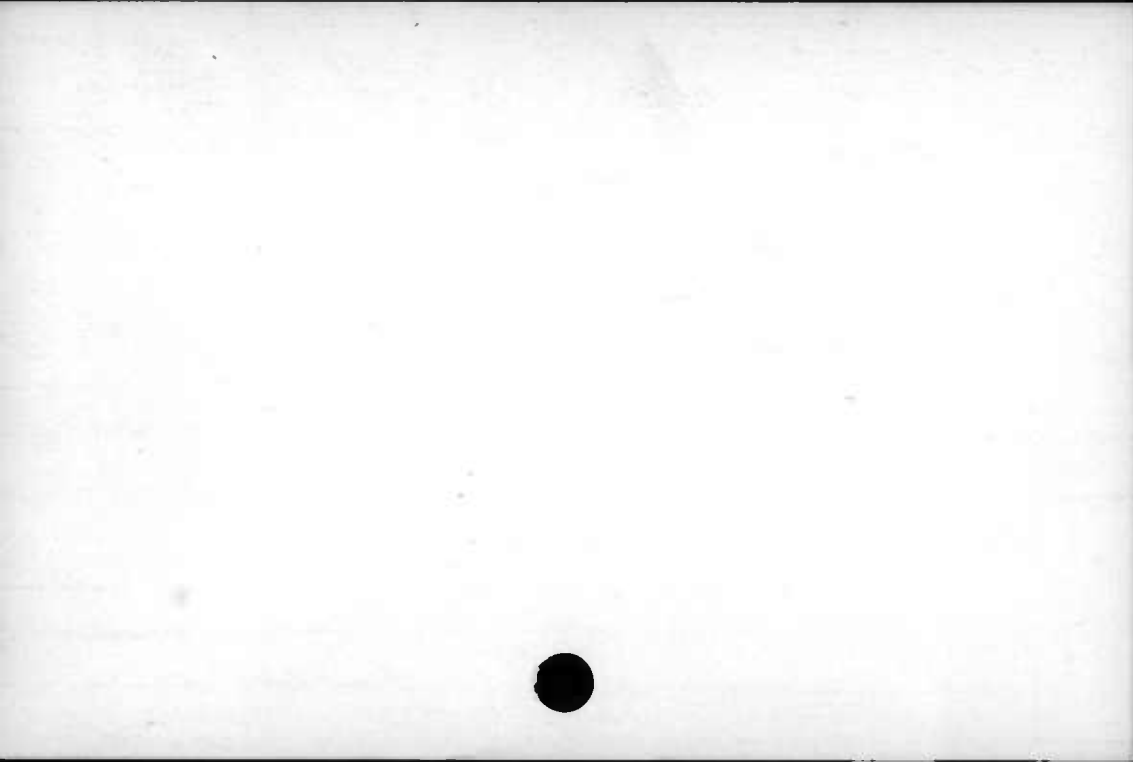
Allen Kennedy
 Died at *Hagerstown* *Wash*
 Date of death *1905* *2* *17* *Age* *9* *4* *19*
 Sex *Female* Color or Race *colored* Birth-place *Md.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____
 Father's Name *Benj. Kennedy* Father's Birthplace *Md.*
 Mother's Maiden Name *Frances Squirely* Mother's Birthplace *"*
 Name of person giving information *Benj. Kennedy* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *accidental injury to spine* How long *6*
 Immediate *Spinal Meningitis* How long _____
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. M. Wagoner*
 Address *Hagerstown Md.*
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Clearspring</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		2	16	82			
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>White</i>		<i>Chambersburg Pa</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>		<i>Clearspring</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>		<i>James Henry Kerr</i>					
Father's Name		Father's Birthplace					
<i>Louis Doeblen</i>		<i>Pa</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Nancy Vitterhouse</i>		<i>Pa</i>					
Name of person giving information		How related to deceased					
<i>Miss Nellie Kerr</i>		<i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>Sixteen days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Four days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Abraham Shank</i>	
		Address	
		<i>Clearspring</i>	
		<i>Washington Co. Md</i>	
Accident or Suicide?			



Name
in
Full

Charles R. Kiger

CERTIFICATE OF DEATH

Died at ^{Town} Hagers town^{County} Wash.

MARYLAND

Date
of death 1905.

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Winchester

Name
in
Full

Samuel B. Blin

CERTIFICATE OF DEATH

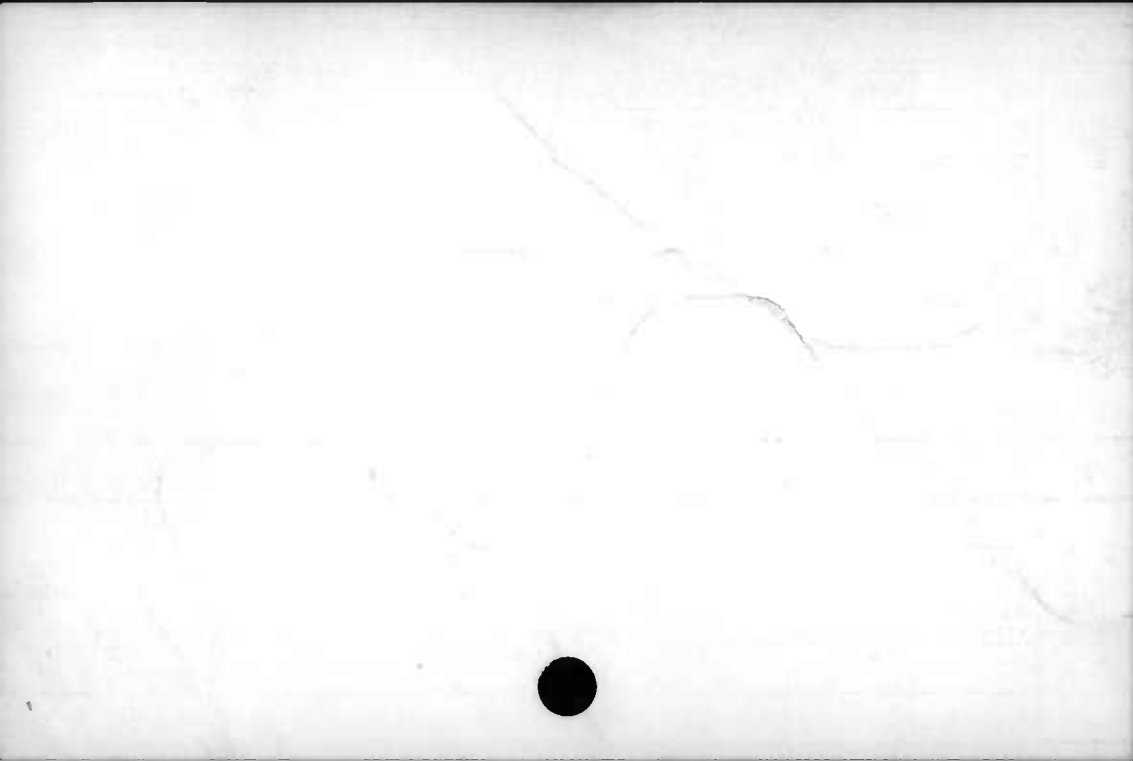
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Juglawn</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Feb</u> <small>Day</small> <u>7</u> <small>Years</small> <u>48</u>		<u>13</u> <small>Months</small>		<u>13</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Washington co.</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>_____</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>John Blin</u>		Father's Birthplace <u>Washington co.</u>			
Mother's Maiden Name <u>Susie Elizabeth Lamm</u>		Mother's Birthplace <u>Washington co.</u>			
Name of person giving Information <u>John Blin</u>		How related to deceased <u>Father</u>			

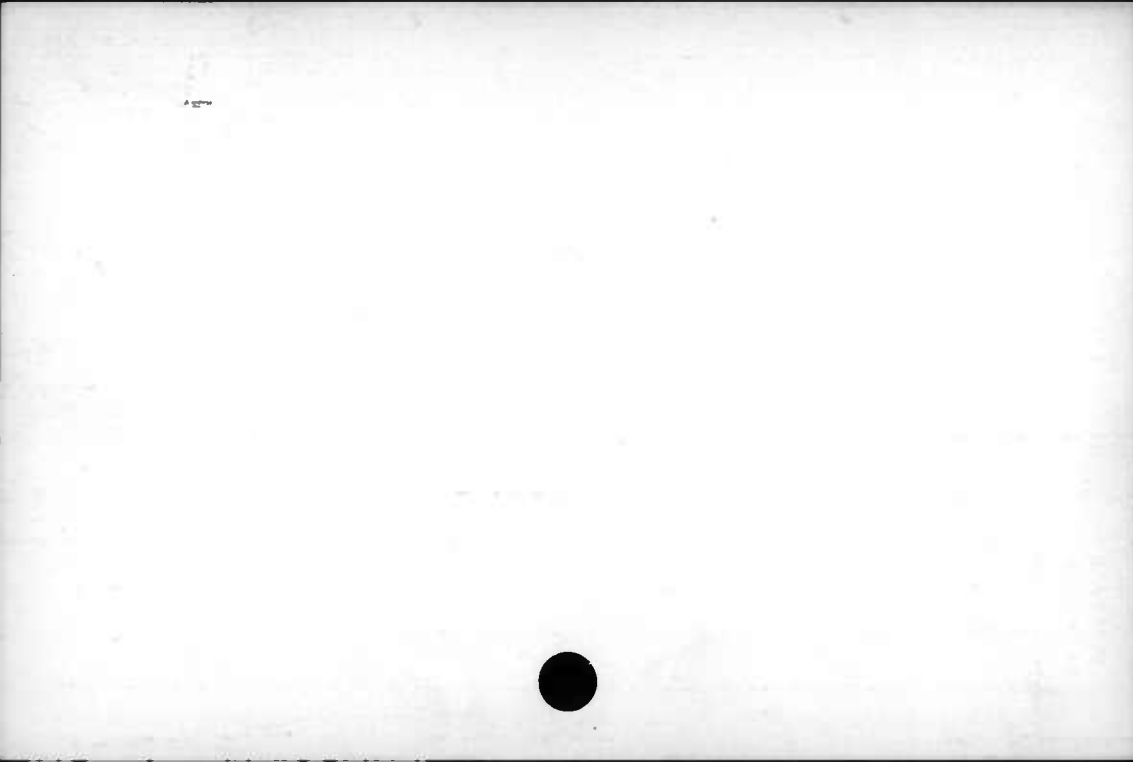
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Little over year</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. L. Massie M.D.</u>
	Address <u>Smithsburg</u>
Accident or Suicide?	<u>MBd</u>



Name in Full		Margaret Leathers.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Leitersburg.		County Washington.		MARYLAND		
	Date of death	1906-	Month Feb	Day 18	Years 77	Months 8	Days 21	
	Sex	Female.		Color or Race	White		Birth- place	France.
	Occupation	Housewife.			Where Residing if not at place of death			
	Married, Single or Widowed	Widowed.		Name of Wife or Husband	Lewis M. J. Leathers.			
	Father's Name	Christian Keatzel.			Father's Birthplace	France.		
	Mother's Maiden Name	Charlotte Ridemour.			Mother's Birthplace	France.		
Name of person giving In formation	Anna Leathers.			How related to deceased	Daughter.			
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Old Age - Arterio-Sclerosis -				How long	—	
	Immediate	Heart-failure -				How long	4 days -	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	T. Robt. W. Willson M.D.	
	Accident or Suicide?					Address	Leitersburg, Md.	



Name
in
Full

Robert L. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	1905	Month	Feb.	Day	28 th	Age	abt 1
Sex	Male	Color or Race	Colored	Months	6	Days	
Occupation	Child	Birth-place	Md	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Nathaniel Lee					Father's Birthplace	Md
Mother's Maiden Name	Bessie Farmer					Mother's Birthplace	Md
Name of person giving information	Bessie Lee					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of Bowels</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Herman</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?			

Dr. Halpines

Halpines



Name
in
Full

Catherine Lemon

CERTIFICATE OF DEATH

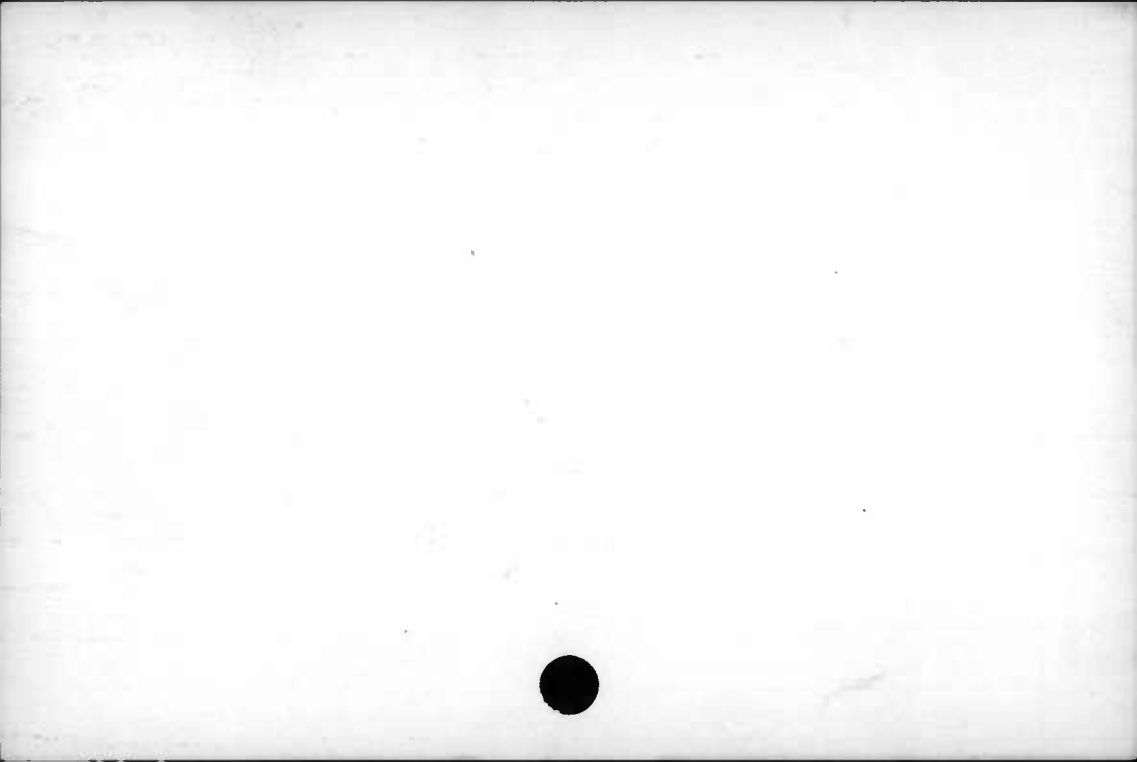
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bornsbord</i>		Town <i>Wash.</i>		County		MARYLAND							
Date of death <i>1905</i>		Month <i>Feb.</i>		Day <i>28</i>		Age <i>—</i>		Years <i>—</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bornsbord</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Chas. Lemon</i>				Father's Birthplace <i>Fred. Co</i>									
Mother's Maiden Name <i>Kline</i>				Mother's Birthplace <i>—</i>									
Name of person giving information <i>Chas. Lemon</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

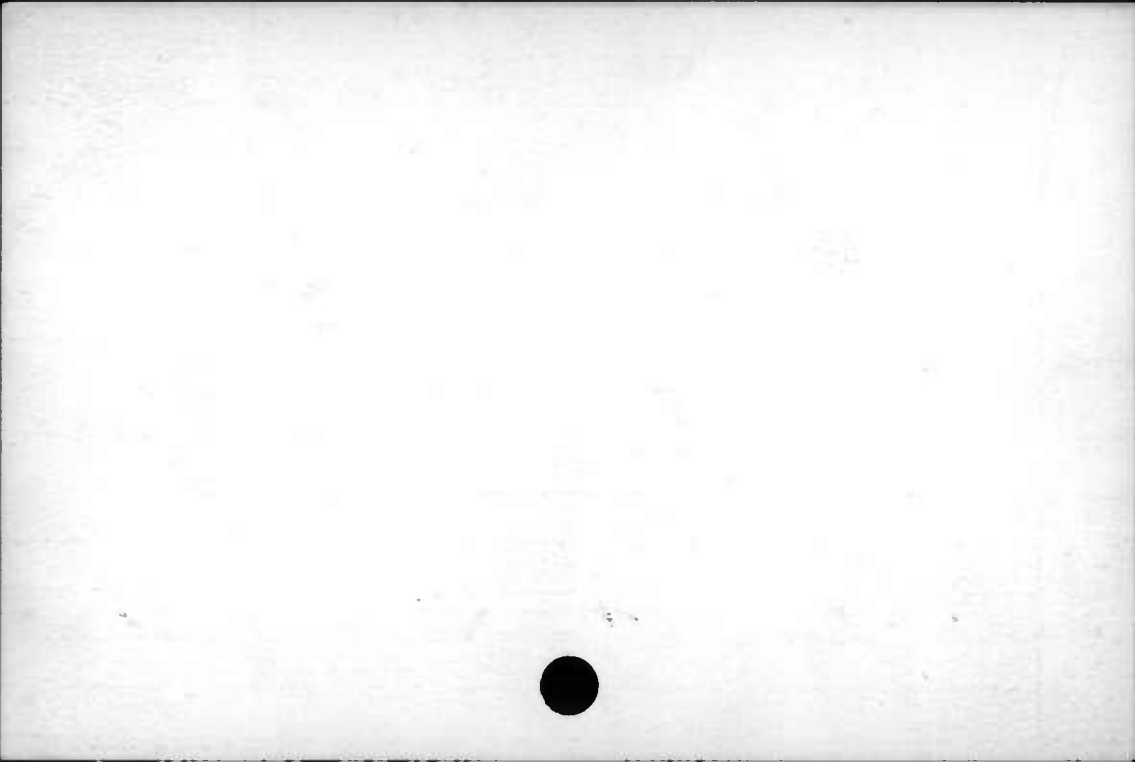
Primary <i>Whooping Cough</i>		How long <i>6 weeks</i>	
Immediate <i>Pneumonia</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Davis</i>	
		Address <i>Bornsbord Md.</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Clyde Long		Town Boonsboro		County Wash		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Date of death		Month		Day		Months	
1908		Feb		21		5	
Sex		Color or Race		Birth-place		Days	
Boy		White		Boonsboro		—	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace		Foster Long		Fred. Co	
Mother's Maiden Name		Mother's Birthplace		Minnie Long another		Wash. Co	
Name of person giving information		How related to deceased		Foster Long		Father	
CAUSES OF DEATH							
Primary		How long		Whispering Cough		4 weeks	
Immediate		How long		Pneumonia		3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Yes		D. S. Davis	
		Address				Boonsboro Md	
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name in Full <i>John Baldwin Long</i>		Town <i>Hagerstown</i>		County <i>Washington</i>			
Died at		Date of death <i>1906</i>		Age <i>—</i>		Months <i>—</i>	
Month <i>2</i>		Day <i>22</i>		Years <i>—</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Albert J. Long</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Louella Eagan</i>		Mother's Birthplace <i>Nc</i>					
Name of person giving information <i>Albert Long</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>defective circulation</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Rague</i>	
		Address <i>Washington, D.C.</i>	
Accident or Suicide?			

Rose Hill

Name
in
Full

Mrs Adeline Loose

CERTIFICATE OF DEATH

New York
~~MARYLAND~~

Died at New York

County

Date of death 1905 Feb 9

Day

Age 75

Years

Months

Days

Sex female

Color or
Race

white

Birth-
place

Va.

Occupation

H.W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of
Husband

Joseph S. Loose.

Father's
Name

Not Known

Father's
Birthplace

X

Mother's
Maiden Name

"

Mother's
Birthplace

X

Name of person giving
In formation

Saml. B. Loose

How related
to deceased

none

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

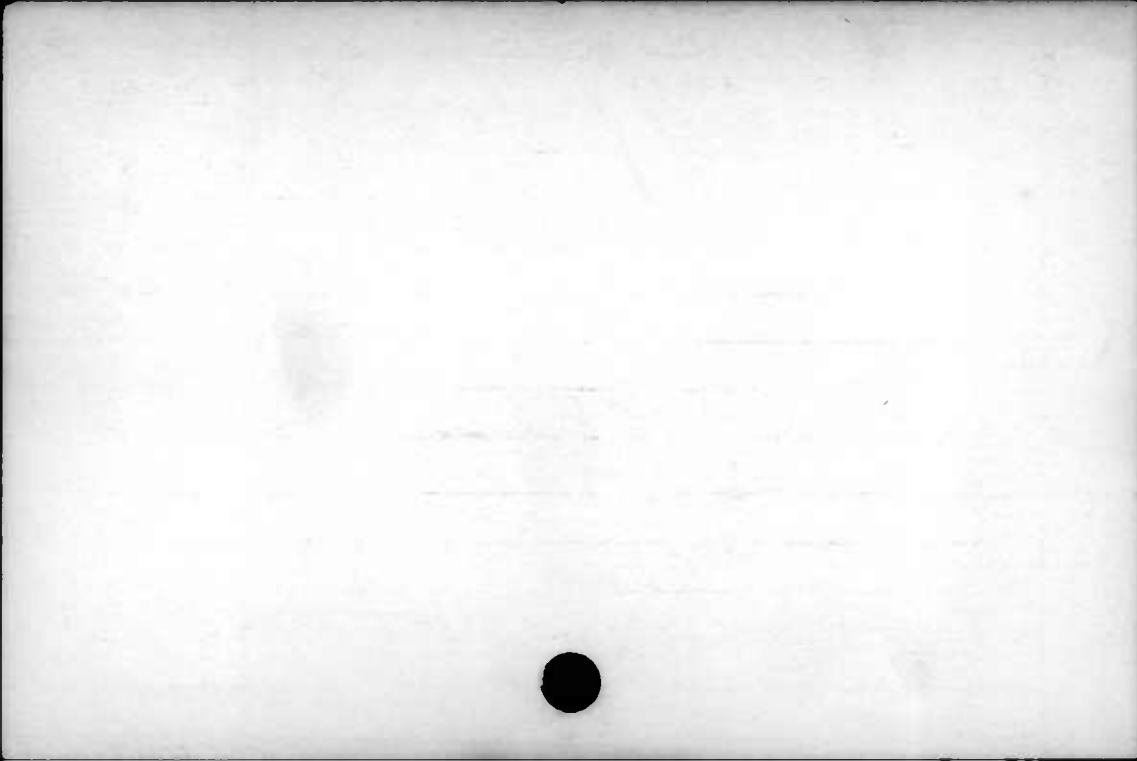
C. M. Miller M.D.

Bayerstown

Md.

Accident, or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Elizabeth M. Larvel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown		County Washington		MARYLAND
	Date of death		1903	Month 2	Day 22	Age 83	Months —
	Sex		Female		Color or Race	White	
	Occupation		—		Birth- place	Md	
	Where Residing if not at place of death		—				
	Married, Single or Widowed		Widow		Name of Wife or Husband Samuel M. Larvel		
	Father's Name		Samuel Weissinger		Father's Birthplace Germany		
Mother's Maiden Name		Elizabeth		Mother's Birthplace Germany			
Name of person giving In formation		Mrs Kege		How related to deceased			Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cardiac Dropsy		19	How long	6 Weeks
	Immediate		Heart Failure			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. E. Pitmanogle		
					Address Hagerstown Md		
	Accident or Suicide?						

Lecterschung

Name
in
Full

Samuel J. McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown^{County} Washing

MARYLAND

Date of death 1905 Feb 25

Age 68

Months

Days

Sex Male

Color or Race White

Birth-place Ind

Occupation Liverman

Where Residing if not at place of death

Married, Single or Widowed Widower

Name of Wife or Husband

Father's Name John McLaughlin

Father's Birthplace Penna

Mother's Maiden Name Matilda Miller

Mother's Birthplace Penna

Name of person giving information H. B. Davis

How related to deceased Son-in-law

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

3 wks

Immediate

"

"

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

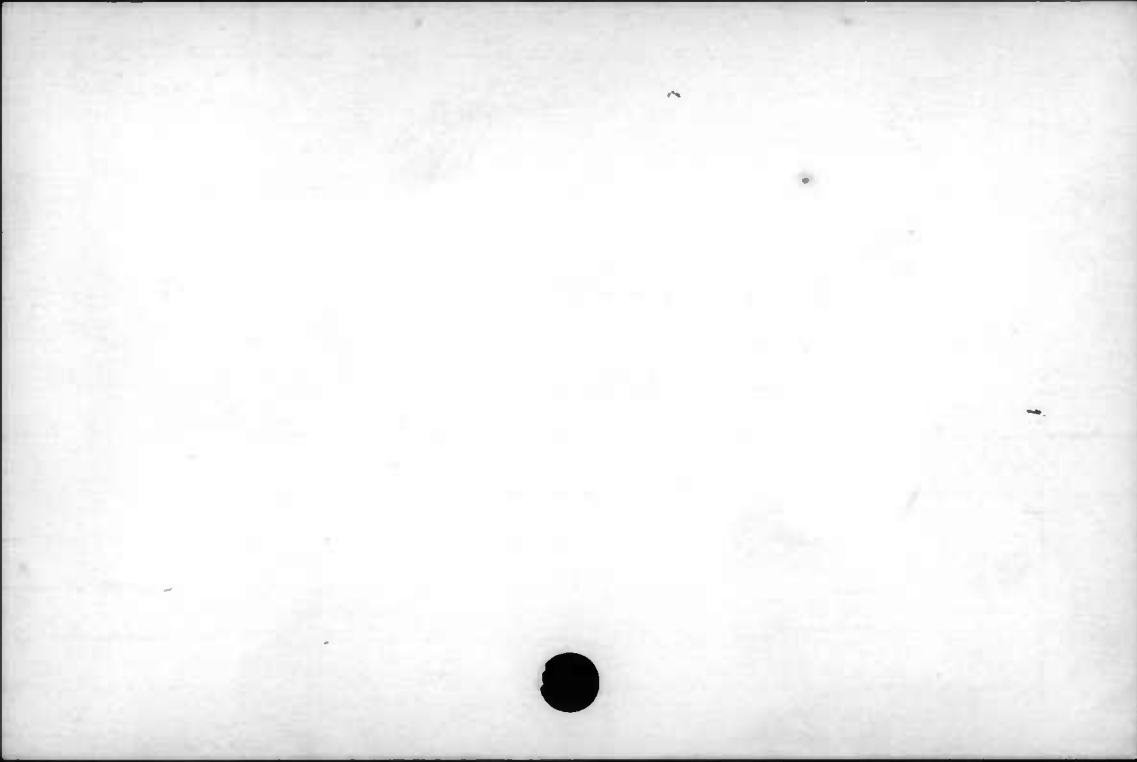
Wm. Preston Miller

Address

Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Henry Martin

No 237

CERTIFICATE OF DEATH

MARYLAND

Died at Halfway

Town

Washington

County

Date of death 1905 February

Month

Day

Age

Years

Months

Days

Color or
Race

white

Birth-
place

Adams C. Pa

Sex

Occupation

Farmer.

Where Residing if not
at place of death

Half Way,

Married, Single
or Widowed

Married.

Name of Wife or
Husband

May E Snyder.

Father's
Name

Henry Martin

Father's
Birthplace

Adams C. Pa

Mother's
Maiden Name

Lucian Welby.

Mother's
Birthplace

Pa

Name of person giving
Information

Mrs Martin

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Valvular Insufficiency

How long

Years

Immediate

Acute dilatation

How long

Instantaneous

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. M. Wertz

Address

Williamsport
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Heller Minnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Paramount</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month} <u>Feb</u> ^{Day} <u>9</u>	Age	<u>1</u> ^{Years} <u>11</u> ^{Months} <u>24</u> ^{Days}		
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Paramount</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>Joseph Minnick</u>			Father's Birthplace	<u>Leitersburg</u>
Mother's Maiden Name	<u>Emma Baker</u>			Mother's Birthplace	<u>Greencastle, Pa.</u>
Name of person giving information	<u>Joseph Minnick</u> <u>93</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bilateral pneumonia</u>	How long	<u>5 days -</u>
Immediate	<u>Cardiac insufficiency</u>	How long	<u>12 hours -</u>
Are the name, age, sex, color, date and place correctly given above?		Yes <u>yes</u>	
Signature of Physician		<u>T. T. Robt. W. Wilson M.D.</u>	
Address		<u>Leitersburg Md</u>	
Accident or Suicide?			



Name in Full		Stella Myers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Leitersburg		Wash				
	Date of death	1905	Month	Feb	Day	25	Age
			Years	2	Months	2	Days
	Sex	Female	Color or Race	White	Birth-place	Leitersburg	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jacob. Myers.				Father's Birthplace	
						Welsh run	
Mother's Maiden Name		Anna. Jacobs.				Mother's Birthplace	
						Leitersburg	
Name of person giving information		Jacob. Myers.				How related to deceased	
						Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia				How long
							9 days
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Inshard		
		Address		Leitersburg			
				Md			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *broad fording* ^{Town} *Wash-* ^{County}Date of death *1905* ^{Month} *2* ^{Day} *15* ^{Years} *77* ^{Months} *7* ^{Days} *8*Sex *female* Color or Race *white* Birth-place *Hagerstown Md*Occupation *house wife* Where Residing if not at place of death *home*Married, Single or Widowed *married* Name of Wife or Husband *Philip H. Keibert*Father's Name *John Wolf* Father's Birthplace *Hagerst-Md*Mother's Maiden Name *Julianne Wolf* Mother's Birthplace *- - -*Name of person giving information *Martin L Keibert* How related to deceased *son*

CAUSES OF DEATH

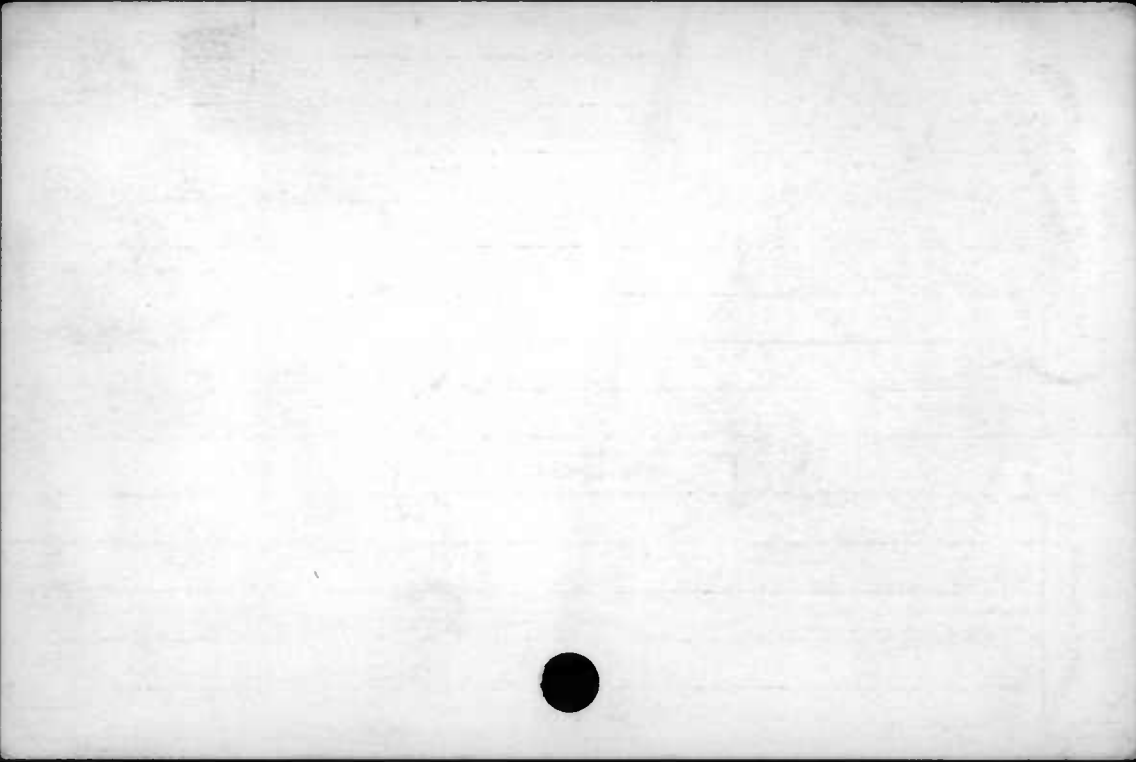
Primary *General Debility* *154* How long *3 years*Immediate *- - -* How long *10 days*

Are the name, age, sex, color, date and place correctly given above?

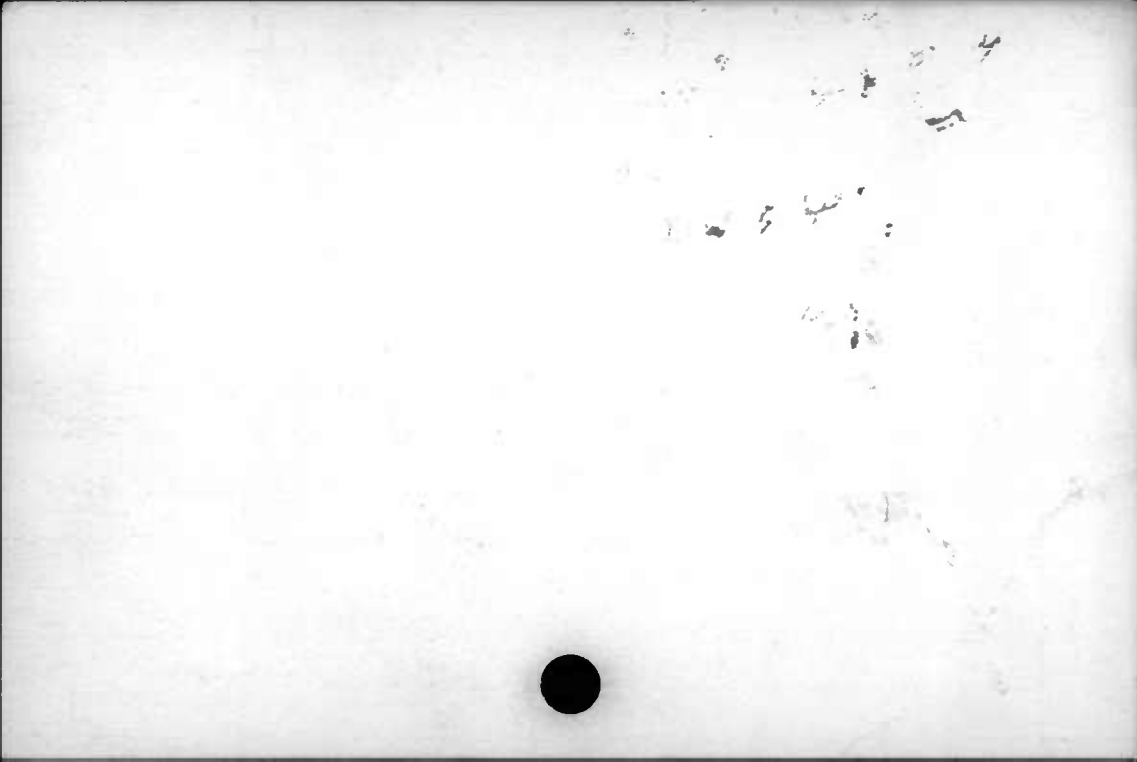
Signature of Physician *D. C. Miller, M.D.*Address *Mason Dixon*

Accident or Suicide?

*H. Mangans & son assistants*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Ellen Newcomer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Beaver Brook</i>		County <i>Wash.</i>		MARYLAND		
	Date of death <i>1905-</i>	Month <i>Feb</i>	Day <i>3</i>	Years <i>67</i>	Months	Days	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hagers town</i>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
	Father's Name <i>John Newcomer</i>	Father's Birthplace <i>Wash. Co.</i>					
Mother's Maiden Name <i>Katherine Newcomer</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Wm. McCauley</i>	How related to deceased <i>Nephew</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Nephritis & Catarrh Stomach</i>	How long <i>2 mos</i>					
	Immediate <i>Gen. Debility</i>	How long <i>2 mos.</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Davis M.D.</i>					
		Address <i>Boonsboro Md</i>					
	Accident or Suicide? <i></i>						



Name
in
Full

Allen Oliver

Colo No 239

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town			County			MARYLAND			
Date of death		1905	Month	Feb	Day	8	Age	45	Years	4	Months	28
Sex		Male		Color or Race		Colo		Birth-place		Madison NC		
Occupation						Where Residing if not at place of death						
Married, Single or Widowed				Name of Wife or Husband		Judith M Yeager						
Father's Name				Patrick Allen				Father's Birthplace				NC.
Mother's Maiden Name				Scharlott				Mother's Birthplace				NC.
Name of person giving information						Joseph Allen						
						How related to deceased						Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis		How long		Six months	
Immediate		Heart Failure		How long		one hour.	
Are the name, age, sex, color, date and place correctly given above?				yrs			
Signature of Physician				W. Richard for			
Address				Williamston Md.			
Accident or Suicide?							

1905	2	8
1859	9-	10
<hr/>		
45	4	28

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ellen Elizabeth Pearl

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 Feb

18

Age

18

5

13

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

School child

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Cornelius Pearl

Father's
Birthplace

Md.

Mother's
Maiden Name

Catherine Conner

Mother's
Birthplace

"

Name of person giving
Information

Cornelius Pearl

How related
to deceased

father

CAUSES OF DEATH

Primary

Heart Disease

How long

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

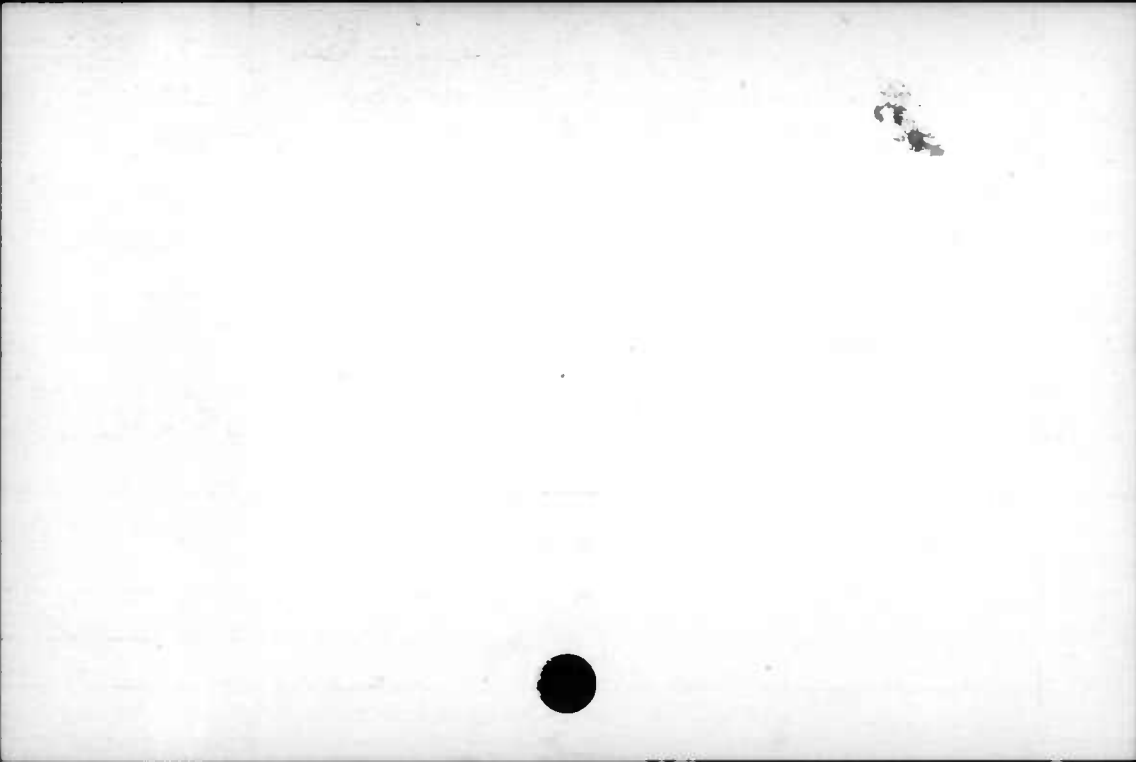
yes

Signature of
Physician

Address

Charles B. Boyle
Hagerstown,
Md.

Accident or Suicide?



Name
in
Full

Roger Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown

Town

Washington

County

MARYLAND

Date
of death 1903-

Month

2

Day

28

Age

Years

11

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry Pryor

Father's
Birthplace

Md

Mother's
Maiden Name

Nannie Key

Mother's
Birthplace

Md

Name of person giving
In formation

Nannie Pryor

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis of lungs and bowels

How long

I do not know

Immediate

Hemorrhage from lungs

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. W. Himmichand
Hagerstown

Accident or Suicide?

To Hamerhouse

Rose Hill

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown* ^{Town} *Wash.* ^{County}Date of death *1905* ^{Month} *20* ^{Day} *5* ^{Years} *73* ^{Months} *2* ^{Days} *16*Sex *female* Color or Race *white* Birth-place *Md.*Occupation *M. W.* Where Residing if not at place of deathMarried, Single or Widowed *widow* Name of ~~Wife~~ Husband *Jacob H. Powles*Father's Name *John H. King* Father's Birthplace *Md.*Mother's Maiden Name *Mary Greer* Mother's Birthplace *Penn.*Name of person giving information *H. K. Powles* How related to deceased *son*

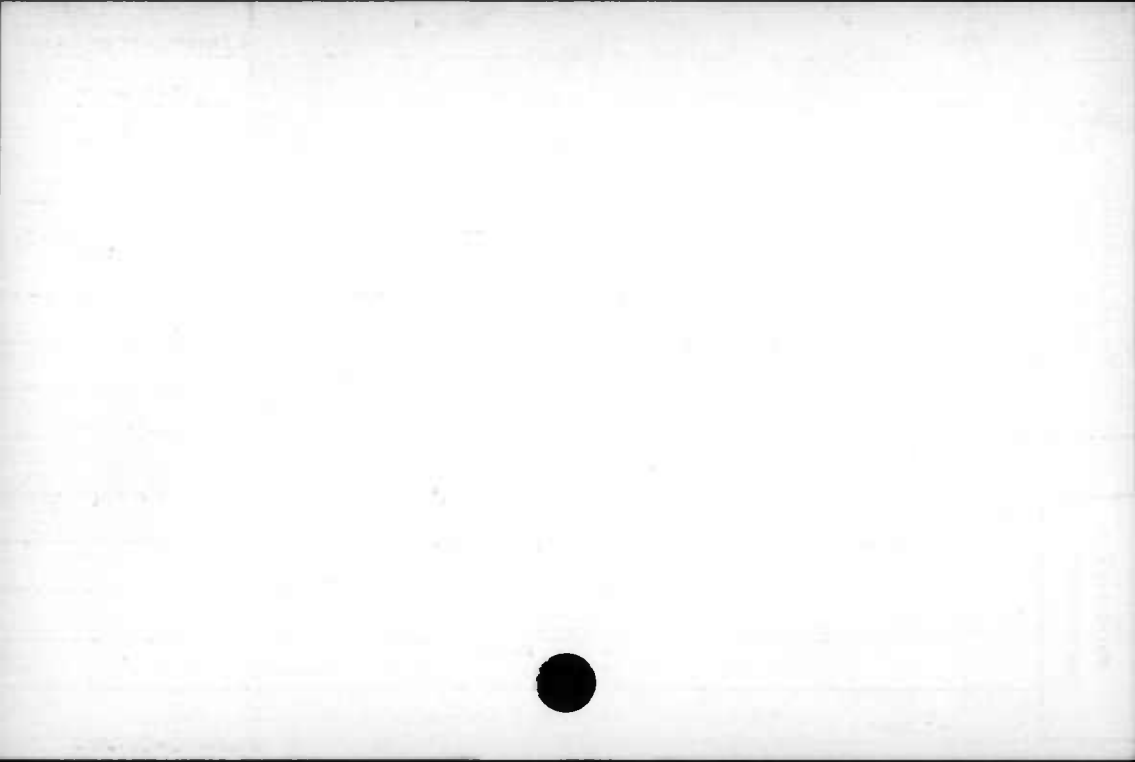
CAUSES OF DEATH

Primary *Tuberculosis* ☒ How longImmediate *Exhaustion* ☒ How longAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mrs Ann Katherine Prather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown^{County} Wash.

Date of death 1905-2

Day 26

Age 70

Months 4

Days 29

Sex female

Color or
Race

white

Birth-
place

Md

Occupation

H. W.

Where Residing if not
at place of death

Four Lakes, Md.

Married, Single
or Widowed

widow

Name of Wife
Husband

Jonathan Prather

Father's
Name

Samuel Boyd

Father's
Birthplace

Md.

Mother's
Maiden Name

Margaret Bender

Mother's
Birthplace

Penn.

Name of person giving
In formation

Mrs. Harry Thornburg

How related
to deceased

niece.

CAUSES OF DEATH

Primary

Primary Pneumonia

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

95 J. H. P. Scott
Hagerstown

Accident or Suicide



Name
in
Full

Lester Pys

CERTIFICATE OF DEATH

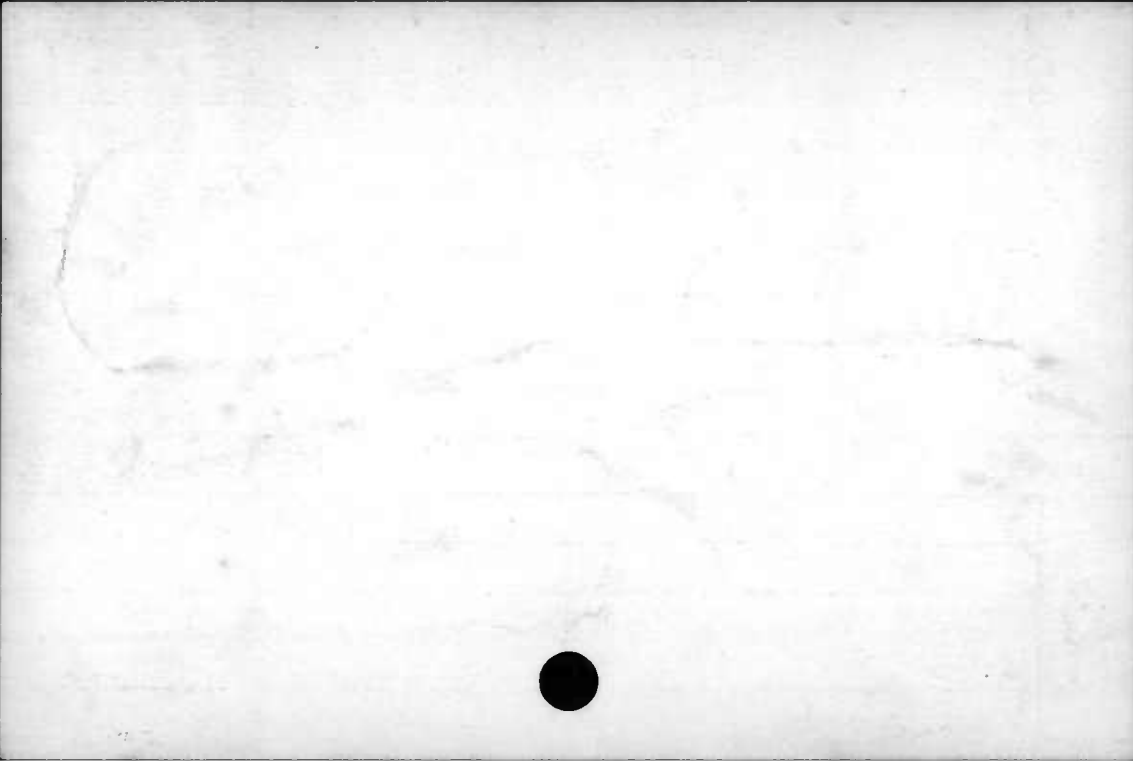
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1905- ^{Month} <i>2</i> ^{Day} <i>28</i>	Age <i>7</i> ^{Years}	<i>17</i> ^{Months}	<i></i> ^{Days}	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>Child</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Charles Pys</i>	Father's Birthplace	<i>md</i>		
Mother's Maiden Name	<i>Lida Mundy</i>	Mother's Birthplace	<i>md</i>		
Name of person giving information	<i>Charles Pys</i>	How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i> <i>UG</i>	How long	<i>Four weeks</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Daniel A. Watkins</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Samuel Repp*
 Died at *Clear Spring Wash* County
 Date of death *1903* Month *2* Day *11* Age *36* Months *4* Days *1*
 Sex *Male* Color or Race *White* Birth-place *Ind*
 Occupation *Farmer* Where Residing if not at place of death *Clear Spring*
 Married, *Yes* or *Widowed* Name of Wife or Husband *Alice Hull*
 Father's Name *David Repp* Father's Birthplace *Ind*
 Mother's Maiden Name *Susan Thompson* Mother's Birthplace *Ind*
 Name of person giving information *David Repp* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *Sixteen days*
 Immediate *Heart failure* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Abraham Phank*
 Address *Clear Spring Washington Co*
 Accident or Suicide? *✓*



Name
in
FullAugusta Ridenour
Town
Brownsville
County
Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

2

Day

25

Age

Years

5

Months

5

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Benjamin Ridenour

Father's
Birthplace

Md

Mother's
Maiden Name

Emma Brown

Mother's
Birthplace

Md

Name of person giving
Information

L. G. Gordon

How related
to deceased

none

CAUSES OF DEATH

Primary

Renal Insufficiency

How long

3 yrs

Immediate

Cardiac Dropsy

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

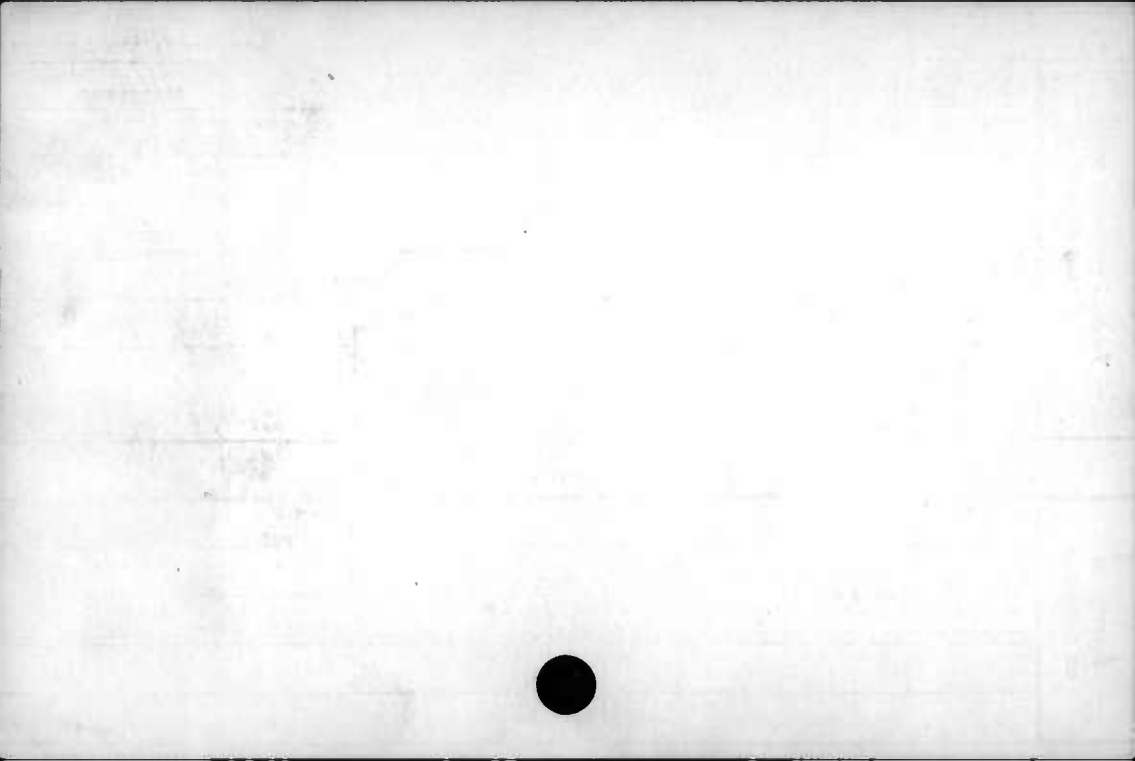
Signature of
Physician

Address

J. J. Gouthe
Brownsville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sander Pinkhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1905	Month	2	Day	20	Age	82
Sex	Male	Color or Race	White	Birth-place			
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Anne Eliza			
Father's Name	Jonathan Pinkhart			Father's Birthplace	Md		
Mother's Maiden Name	Susan Barnes			Mother's Birthplace	Md		
Name of person giving information	/			How related to deceased	Daughter		

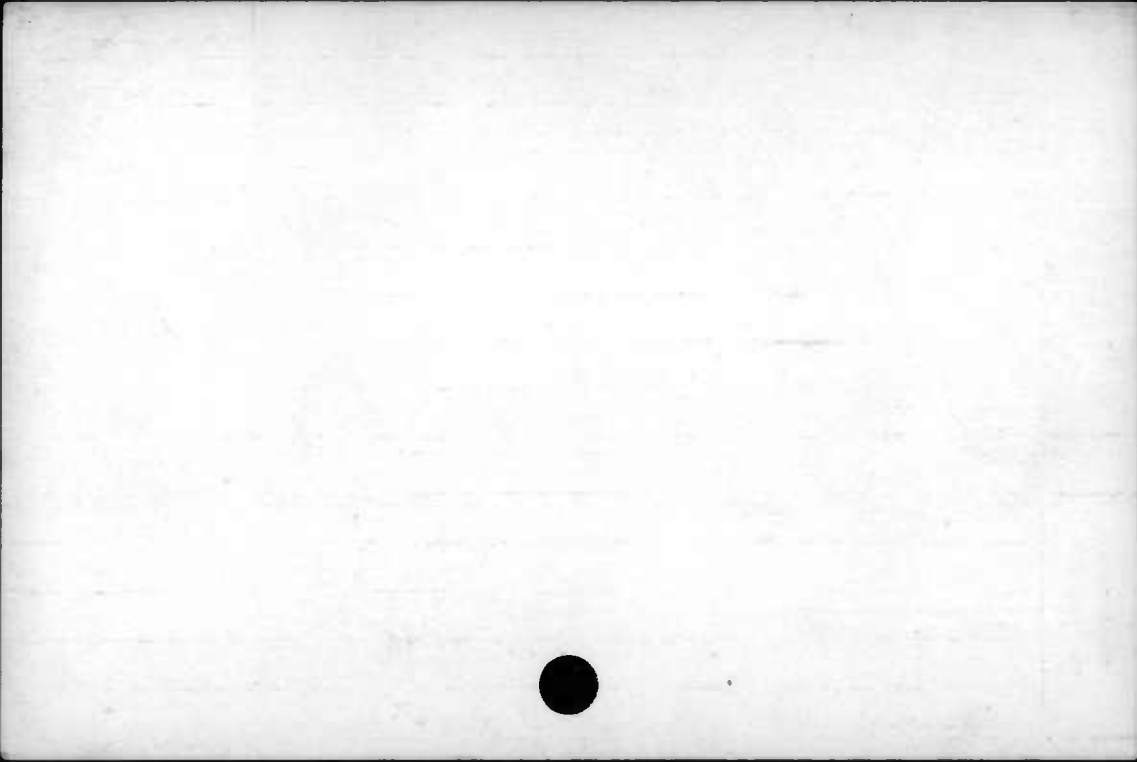
CAUSES OF DEATH

PHYSICIAN
OR CORONER

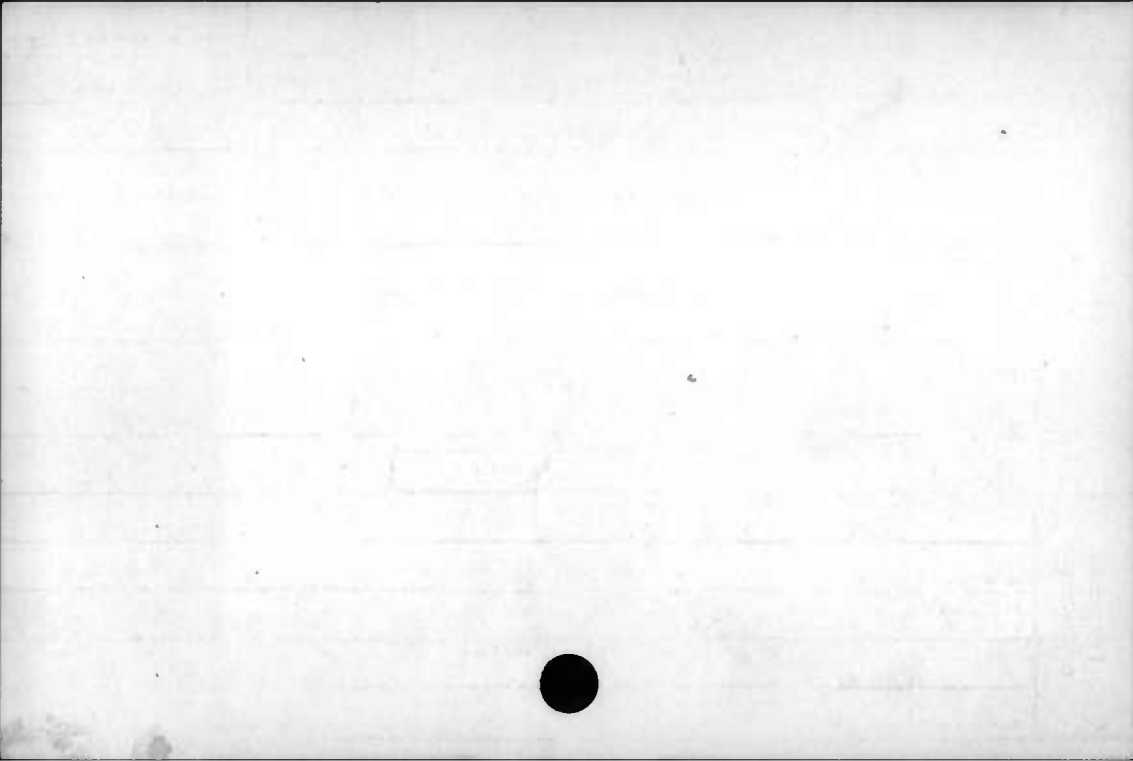
Primary	<i>Bronchitis</i>		How long	<i>about 2 yrs</i>
Immediate	<i>Heart Failure</i>		How long	<i>about 2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>SW Muntel M.D.</i>
			Address	<i>Hagerstown Md</i>
Accident or Suicide?				

cheville

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mangansville</i>				<i>Wash.</i>		MARYLAND					
		Date of death <i>1906 Feb -</i>		Month <i>7</i>		Day <i>7</i>		Age <i>44</i>		Months <i>10</i>		Days <i>27</i>	
		Sex <i>male</i>				Color or Race <i>white</i>		Birth-place <i>Lancaster Pa</i>					
		Occupation <i>farmer</i>				Where Residing if not at place of death <i>home</i>							
		Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Mrs. Esbell May</i>							
		Father's Name <i>Jacob Bissner</i>				Father's Birthplace <i>Lancaster Pa</i>							
		Mother's Maiden Name <i>Fannie Eby</i>				Mother's Birthplace <i>" " "</i>							
PHYSICIAN OR CORONER		Name of person giving information <i>Samuel Bissner</i>				How related to deceased <i>Brother</i>							
		CAUSES OF DEATH											
		Primary <i>Articular Rheumatism (acute) (not epidemic)</i>				How long <i>1 month.</i>							
		Immediate <i>Central Meningitis</i>				How long <i>4 days.</i>							
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Victor D. Miller Jr.</i>							
						Address <i>Hagerstown, Md</i>							
		Accident or Suicide? <i>No</i>				<i>At Mangansville under</i>							



Name in Full		Orville W Roberts				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Downsville		County Washington		MARYLAND				
	Date of death		1905	Month 2	Day 14	Age 1	Years 1	Months 3	Days 10		
	Sex		Male		Color or Race White		Birthplace Washington Co				
	Occupation X				Where Residing if not at place of death Downsville						
	Married, Single or Widowed		single		Name of Wife or Husband		X				
	Father's Name George W Roberts				Father's Birthplace Friedrich County						
	Mother's Maiden Name Ada E. Mull				Mother's Birthplace Downsville						
PHYSICIAN OR CORONER	Name of person giving information Ada E Roberts				How related to deceased Mother						
	CAUSES OF DEATH										
	Primary catarrhal Pneumonia				How long 1 week						
	Immediate				How long						
Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician 9th			
				Address V.M. Reichard Fairplay							
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Squatus M. Roby</i>		Town <i>Lock 53</i>		County <i>Washington</i>		MARYLAND	
Died <i>near</i> <i>Lock 53</i>		Month <i>Feb.</i>		Day <i>6</i>		Years <i>70</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Elizabeth Roby</i>					
Father's Name <i>James Roby</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Miss Howard</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>J. H. Roby</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>La Grippe</i>	How long	<i>about 10</i>
	Immediate		How long	<i>day 5</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Martin Jenkins M.D.</i>	
			Address <i>Hancock Md.</i>	
Accident or Suicide?				

Dr Thompson

Great Cacapon

West Va.
Attending Physician

Name
in
Full

CERTIFICATE OF DEATH

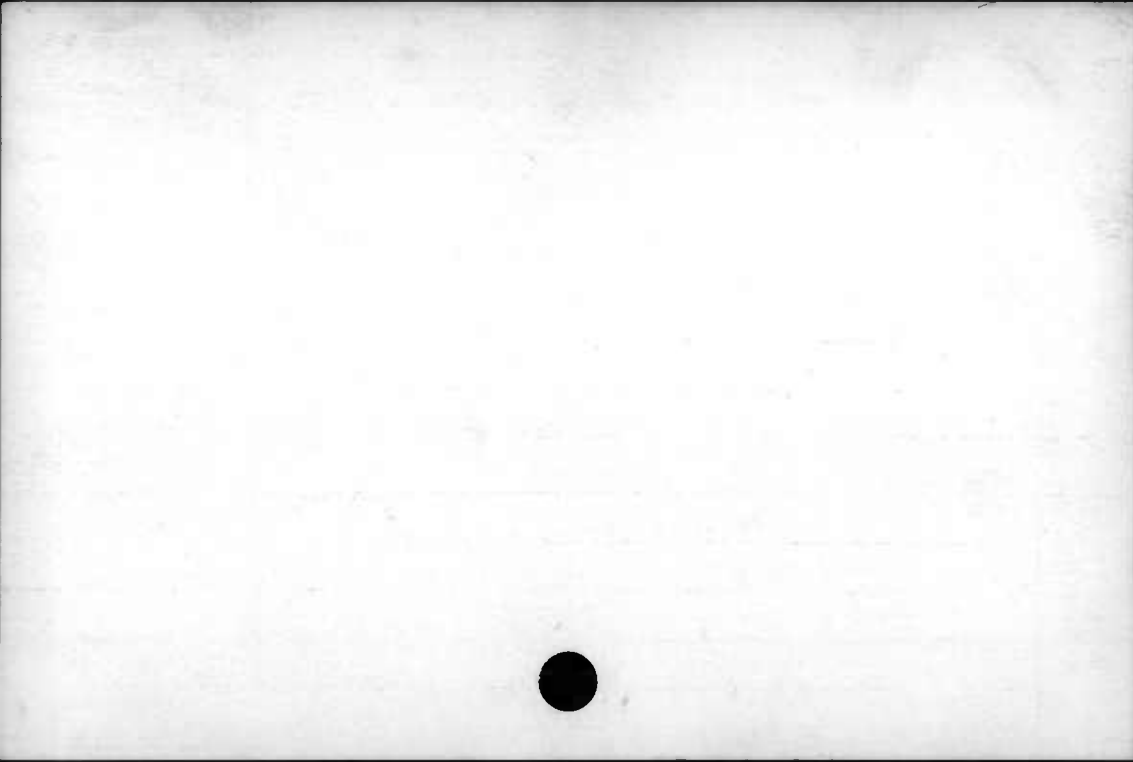
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John D Rowland</i>		Town <i>Haystown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Haystown</i>		Date of death <i>1905</i>		Month <i>2</i>		Day <i>9</i>	
Age <i>1</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John D Rowland</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Emeline Reedy</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>John D Rowland</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scald on head</i>	How long	<i>5 days</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Rustin Miller</i>	
		Address <i>Haystown, Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Infant.

Died at *Bear Creek* Town *Washington* County *MARYLAND*

Date 1905- *Feb 20* Month *Feb* Day *20* Y. *30* M. *30* D. *30* Native of *—* Occupation *—*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* *Number of children living*

Husband of *—*
 Wife of *—*

Father's Name *Clarence Rudy* Mother's Maiden Name *Ra Clin.*

Cause of Death { Primary *Pneumonia*
 Immediate *Spasms*

How long sick *Four days*
 Accident, Suicide, Homicide

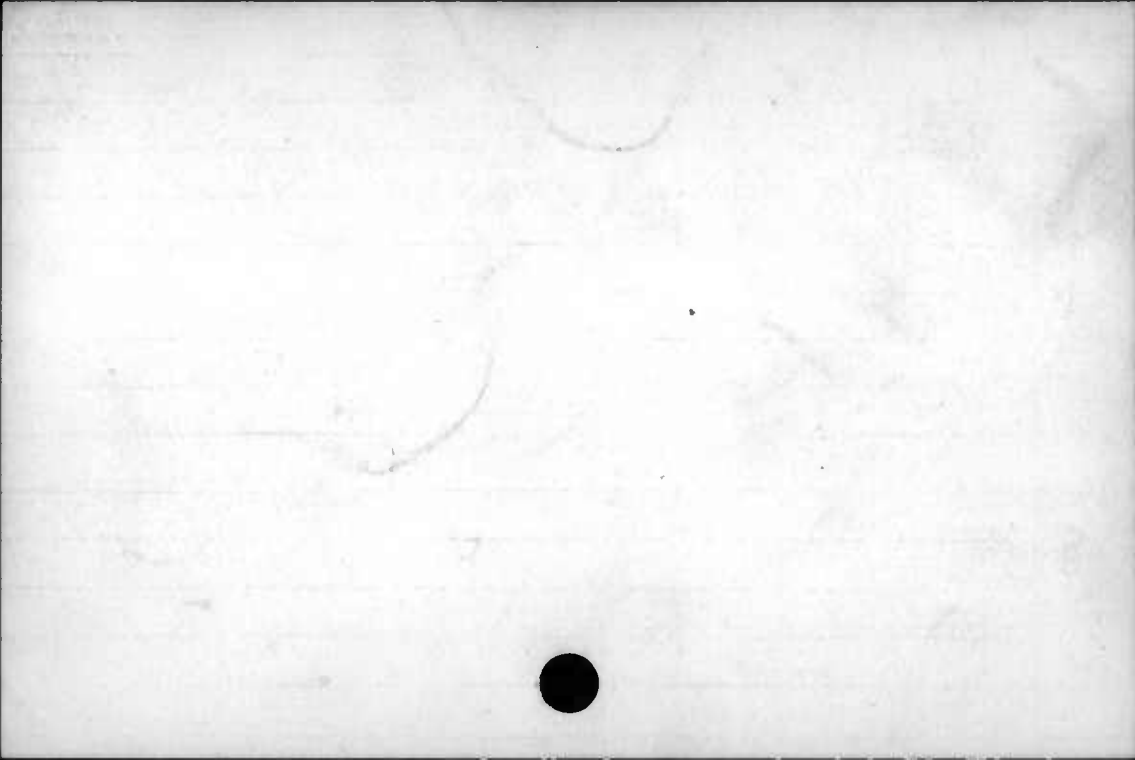
Reported by *Dr. J. W. Gettendanner*

Address *Bear Creek Wash. Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Peter Schannel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lydia		County Hosh	
		Date of death		Month Feb		Day 28	
		Age		Years 88		Months #5	
		Sex		male		Color or Race	
		Occupation		Farming		Birth-place	
		Where Residing if not at place of death		Kedysville			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
Father's Name		William Henry Schannel		Father's Birthplace		Germany	
Mother's Maiden Name		Elizabeth Poppenberger		Mother's Birthplace		Kedysville	
Name of person giving information		Geor Schannel		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Cardiac Dilatation		How long	
		Immediate		Exhaustion		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address		A. M. Reichard	
						Fairplay	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>3</i>	Years <i>82</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Shank</i>			Father's Birthplace		
Mother's Maiden Name <i>Annie Smith</i>			Mother's Birthplace		
Name of person giving information <i>Elizabeth Martin</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>9 days</i>
Immediate	How long

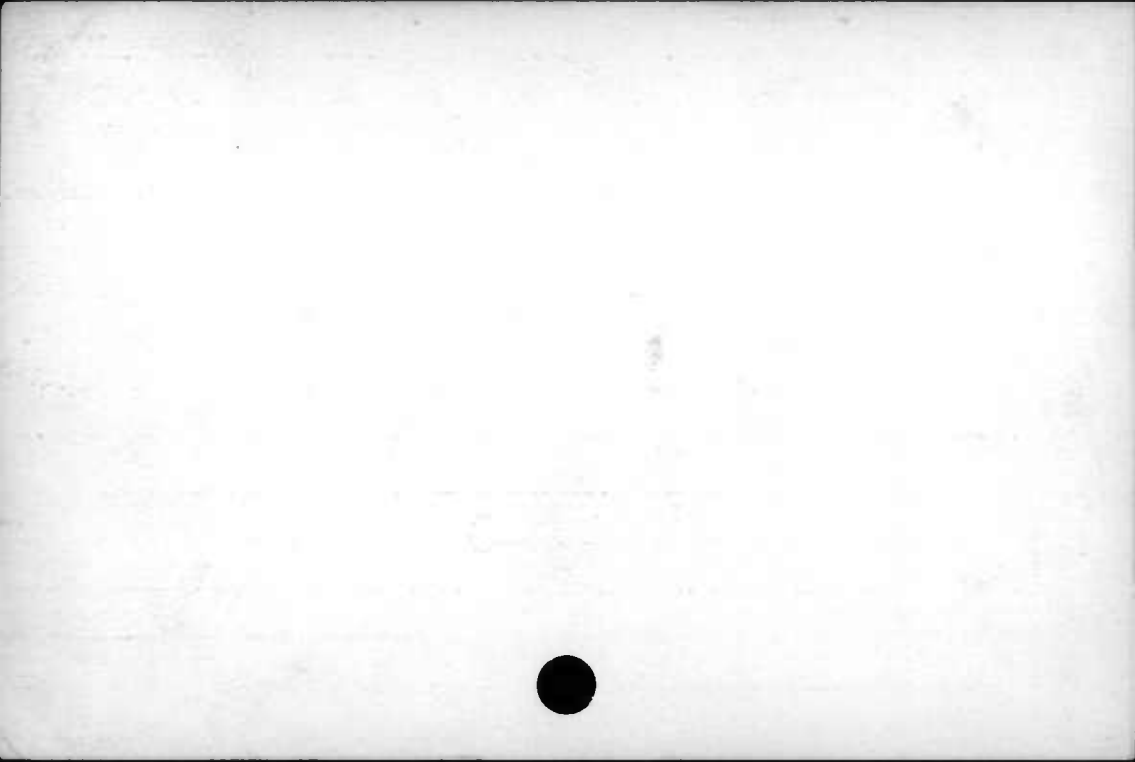
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. H. Wishard
Leitersburg
Md.



Name in Full		Ethel Shuster				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		Washington County	
		Date of death		Month	Day	Age	Years
		1905		2	28	52	
		Sex		Color or Race		Birth-place	
		Male		Colored		Md	
Occupation		Where Residing if not at place of death					
Day Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John Shuster		Md					
Mother's Maiden Name		Mother's Birthplace					
Don't know		Don't know					
Name of person giving information		How related to deceased					
Eugene Parfay		Not any					
CAUSES OF DEATH							
Primary		How long					
Immediate		How long					
Tuberculosis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
		S. K. Coffman					
		Hagerstown Md					
		Undertaker					
Accident or Suicide?							

Ant Hill

Name
in
Full

CERTIFICATE OF DEATH

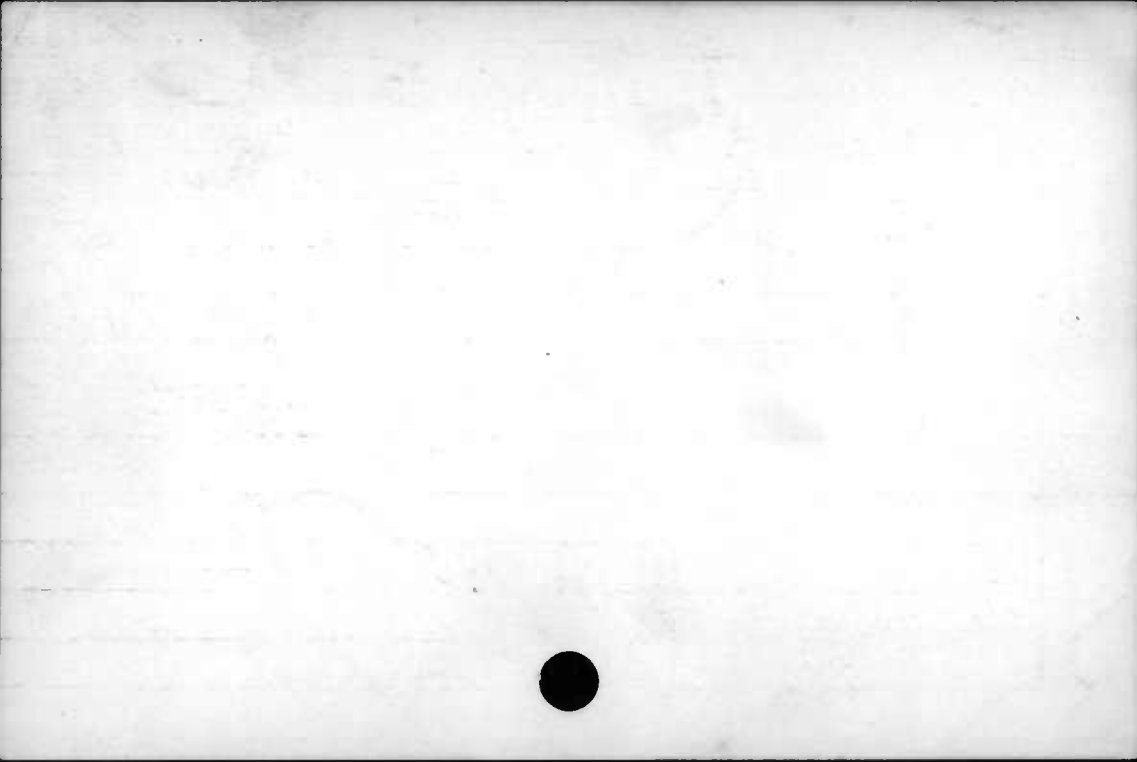
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry M Spirk</i>		Town <i>Indian Spring</i>		County <i>Wash</i>		State MARYLAND	
Died at <i>Indian Spring</i>		Date of death <i>1905</i>		Age <i>63</i>		Months <i>1</i> - Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penn</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>Indian Spring</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Julius Geakle</i>					
Father's Name <i>Fred Spirk</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Fane McCulla</i>		Mother's Birthplace <i>Penn</i>					
Name of person giving information <i>Frank Spirk</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Asthenia</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Mason, M.D.</i>
	Address <i>Clearspring, Md</i>
Accident or Suicide?	



Name
in
Full

George P. Socks.

CERTIFICATE OF DEATH

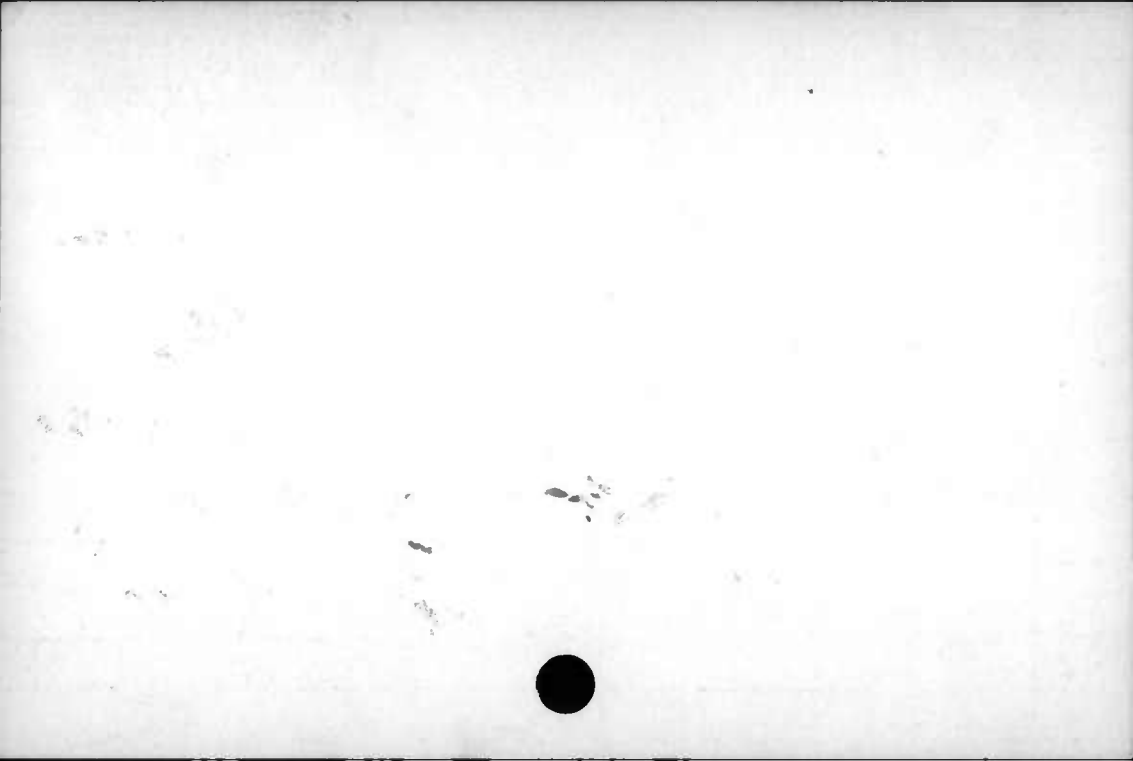
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death 190 ^{Month} 5 ^{Day} Feb		Age ^{Years} 77		^{Months} ^{Days}	
Sex	Male	Color or Race	White	Birth-place	Germany
Married, Single or Widowed	Married	Occupation	Bricklayer		
Name of Wife ^{Wife}	Caroline Socks				
Father's Name	Ferdinand Socks			Father's Birthplace	Germany
Mother's Maiden Name	Not Known			Mother's Birthplace	
Name of person giving information	Mrs. High			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scintily	How long	1 yr.
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W B Morrison
		Address	Hagerstown
Accident or Suicide?	No		



Name
in
Full

Infant-

CERTIFICATE OF DEATH

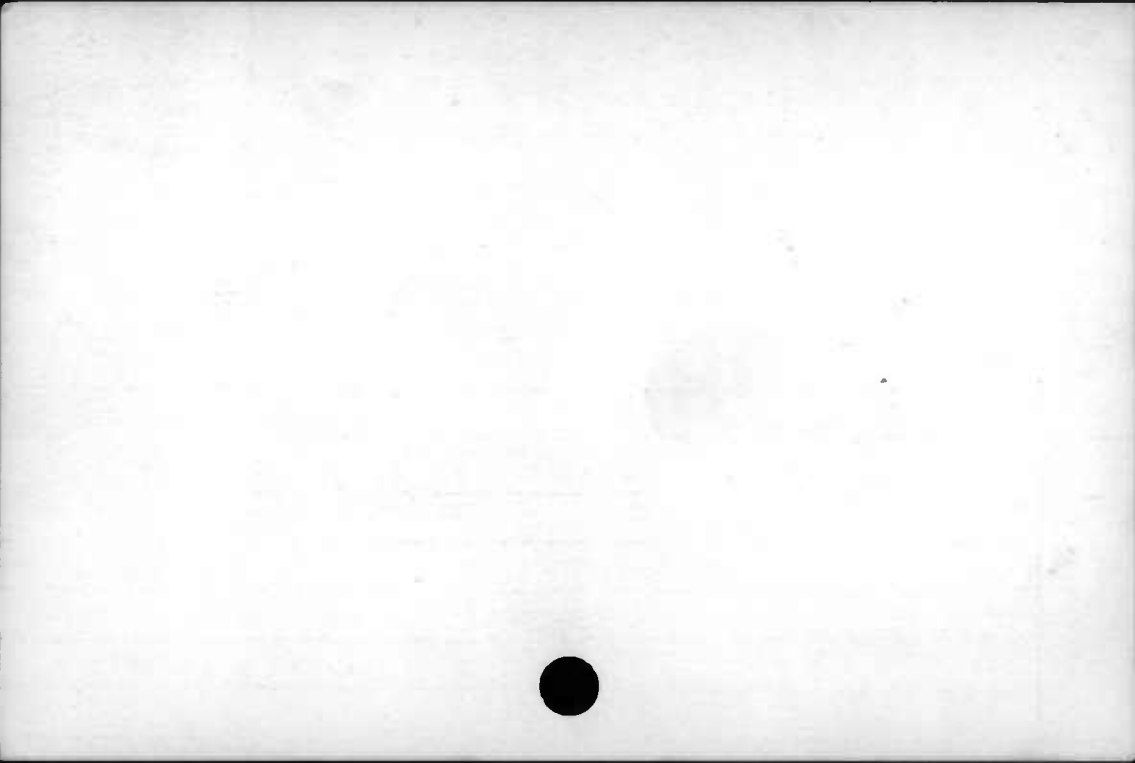
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brownsville</i>		County <i>Wash</i>		MARYLAND	
Date of death		Month <i>Feb</i>		Day <i>16</i>		Age Years <i>Still born</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>B</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Geo Spelman</i>				Father's Birthplace <i>Wash. Co.</i>			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>Geo. Spelman</i>				How related to deceased <i>Father -</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. J. Davis</i>	
		Address <i>Brownsville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

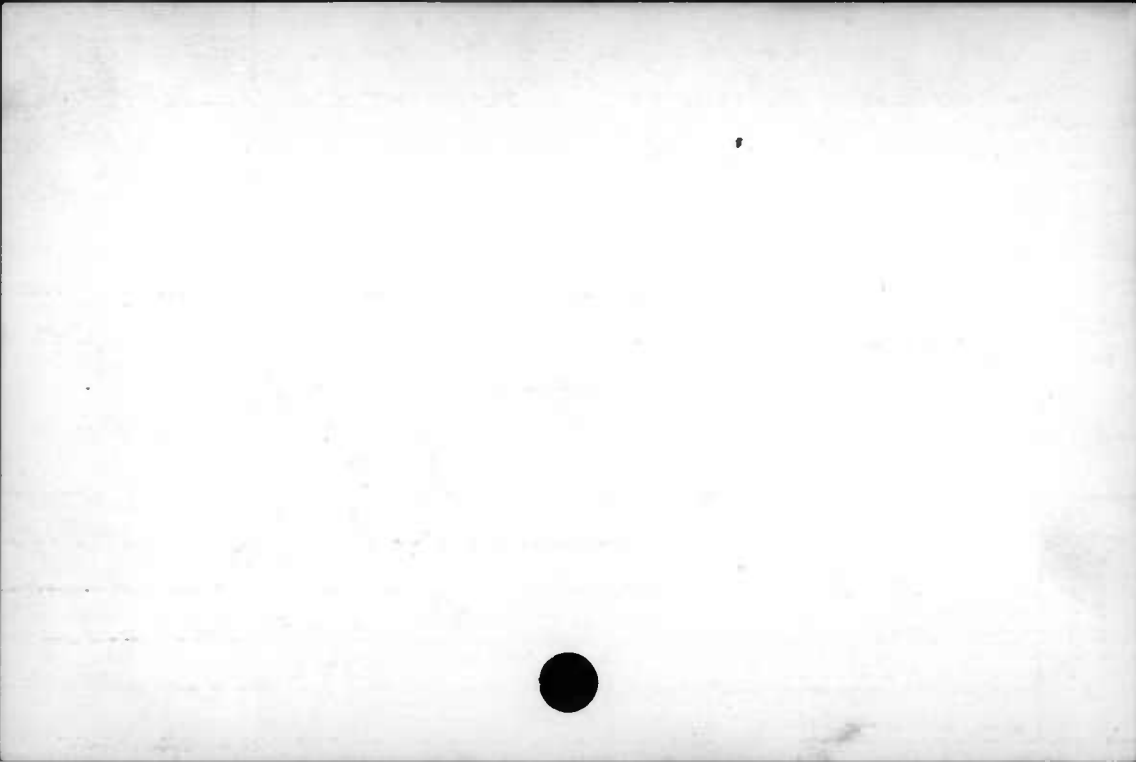
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Susan Strite</i>		Town <i>Hear</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Hear</i>		Month <i>Feb</i>		Day <i>10</i>		Age <i>69</i>	
Date of death <i>1905</i>		Years <i>69</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>N.W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Henry Strite</i>					
Father's Name <i>Christian Barr</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Susanna Barshel</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Henry Strite</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Bronchitis</i>		How long <i>90</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas B Boyle</i>	
		Address <i>Hagerstown Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

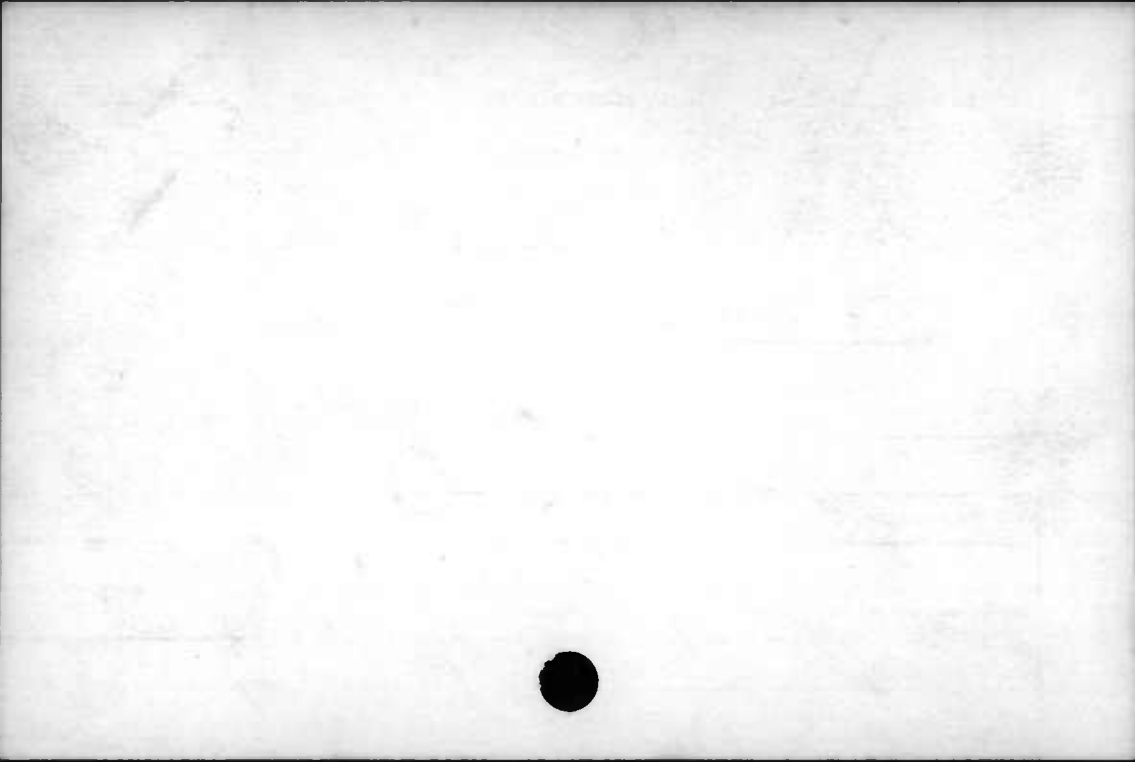
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Isaac Summers		Town Hogestown		County Washington		State MARYLAND	
Died at Hogestown		Month 2		Day 12		Years 67	
Date of death 1905		Age 67		Months 10		Days 15	
Sex Male		Color or Race White		Birth-place Md			
Occupation Farmer		Where Residing if not at place of death					
Married Single or Widowed		Name of Wife or Husband					
Father's Name John Summers		Father's Birthplace Md					
Mother's Maiden Name Sarah Rowland		Mother's Birthplace Md					
Name of person giving information Rosa Shupp		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of heart	How long	Several years
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Tague	
		Address Hogestown Md.	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Mary Pice</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>February</i>		Day <i>25th</i>		Years <i>86</i>	
Date of death <i>1906</i>		Months <i>seven</i>		Days <i>11</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married <i>Single</i>		Name of Wife <i>Henry K. Pice</i> Husband					
Father's Name <i>William McCardell</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Powles</i>				Mother's Birthplace <i>Frederick County</i>			
Name of person giving information <i>F. C. Pice</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>No special cause</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederic C. Pice M.D.</i>
	Address <i>Romano</i>
Accident or Suicide? <i>—</i>	<i>VA</i>

Saml Boyd and Jonathan
Margaret Bender, Penna.

Name
in
Full

Catharine Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hayestown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1904</i> ^{Year}	<i>2</i> ^{Month}	<i>21</i> ^{Day}	Age <i>82</i> ^{Years}	<i>2</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Daniel Rhodes</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>Don't know</i>
Name of person giving information	<i>J. B. Young</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disease of heart & paralysis</i>	How long	<i>Several weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>ONCE RAGAN</i>		
	Address <i>Hayestown Ind</i>		
Accident or Suicide?			

Wells to Run 70a